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### **CARIBBEAN FOOD SAFETY INITIATIVE: CHALLENGES IN THE ENGLISH-SPEAKING CARIBBEAN**

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## Background and Challenges

1. More than two decades ago, Caribbean Governments enunciated their concerns for food safety at the national and sub-regional levels. In 1967, the Caribbean Food and Nutrition Institute (CFNI) was established. In 1978, Health Ministers of the Caribbean had approved policies and strategies to guide the regional governments in health related matters; and by 1979 Ministers of Health had resolved to develop a regional Food Safety and Control Program. In 1980, the Ministers of Health had sought the support of both the Food and Agriculture Organization (FAO) and the Pan American Health Organization (PAHO) in hosting a sub-regional conference on food safety. In 1981, a conference was sponsored on the Regional Food and Nutrition Strategy, and in 1982, the Heads of Government made a commitment to give the highest priority to the implementation of the proposals of a Regional Food and Nutrition Strategy.

2. Unfortunately, although some strides were made, we have still not achieved optimum success in many of our food safety programs in the Caribbean. This fact became evident with the findings of the Caribbean Food Safety Initiative Assessment conducted in 1999. It was supported by the United States Agency for International Development (USAID) in partnership with the CARICOM Secretariat; the Department of Food Science and Human Nutrition and the Institute of Food and Agricultural Sciences both at the University of Florida; the Plant Quarantine Division of the Ministry of Agriculture, Jamaica; and the Pan American Health Organization/World Health Organization.

3. The USAID-funded project assessed the basic infrastructure and competence of Member States within the Caribbean Sub-region. The assessment showed that CARICOM states remained challenged in their ability to eliminate or reduce diseases whether in activities related to Animal Health, Human Health and Plant Health. It was implied that health for all would not be easily attained, unless our countries find ways of addressing some critical areas effectively.

4. For example, the assessment showed that many of our CARICOM countries were found to be weak in:

- Knowledge and surveillance of diseases, including zoonoses, food-borne diseases and animal diseases;
- Laboratory capacity to support the identification of disease agents;
- Database on imported and exported animal products;
- Standardized food safety training programs;
- Food safety out reach programs for consumers
- Animal disease emergency preparedness plans;
- A modern legislative framework and regulatory enforcement, and
- Port Health and Quarantine.

5. The findings of the Caribbean Food Safety Initiative have come at a time when our Caribbean countries are increasingly seeking to restructure health sectors to provide better health care services, and when there is acceptance of the need to restructure both national and sub-regional programs, so that significant contribution could be made to human resource development, trade liberalization and the institutionalization of related public health matters.

6. Ministries of Health and Agriculture, along with others are challenged to meet the demands of health determinants that impact on human health and well being, sociocultural concepts, food quality and food safety.

7. My presentation briefly addresses the Food Safety issues of the Caribbean Food Safety Initiative. But I have noted that Panels 2 and 3 respectively, would speak on other issues on “International Cooperation on Food Safety and Security” and “Agriculture, Health, and Rural Development”.

### **Food Safety Systems**

8. The Caribbean Food Safety Initiative is important to CARICOM states, which generally, derive their economic prowess from tourism, but which also seek to expand their capacity for international trade competitiveness. The attainment of these goals would depend partly upon the ability of our governments to effectively address issues related to Food Safety Regulatory Systems and Infrastructure, Agricultural Production and Trade systems, Laboratory Infrastructure, Disease Surveillance Capacity at the national and sub-regional levels, Food-borne Disease Outbreak Investigations, Food Service Inspection and Educational systems, Organizational Programs for consumer Education, and Risk Analysis Systems.

9. This list of issues is not exhaustive, as other new challenges face us every day. Most recently, the world experienced the emergence of the Severe Acute Respiratory Syndrome (SARS) and its impact on several persons who became ill from exposure to this viral infection. A few months ago, the Caribbean experienced the emergence of the Norwalk-like Virus aboard at least four Cruise Ships travelling to our islands—the Oceana, the Amsterdam, Carnival, and Disney Magic. The occurrence of the virus had the potential to seriously affect cruise ship travel and tourism in our countries. And that could cause the economic demise of our Member States.

10. Although the Severe Acute Respiratory Syndrome and the Norwalk-like Virus are not specific food-related diseases, nonetheless, their occurrence must sensitize us of the need to heighten our awareness for improved international, sub-regional, and national surveillance of diseases, and of risk communication to the public.

11. Caribbean Food Safety Systems in the continuum from the farm to the fork, the gate to the plate, or the boat to the throat, are affected by human resource limitations. The number of inspectors in some of our countries, for example, is insufficient to properly oversee the various food safety activities, and ensure industry compliance. This poses the challenge for greater promotion of the implementation of an integrated approach to food safety, as a mechanism for closer monitoring of food activities, and for the detection of risk factors from the farm to the table. With that level of integration, CARICOM states can strengthen their national capacity for on-farm monitoring to ensure safety in foods.

12. In so doing, they can better monitor farm production practices; develop trace-back mechanisms for tracing food products implicated in disease outbreaks due to farm practices; and detect and eliminate possible sources of disease-causing organisms (*Salmonella*, *E. Coli* 0157:H7, tuberculosis, brucellosis, and others).

13. At another level of the farm to table spectrum, there is the need to ensure the safe processing, distribution, and use of foods, and this encompasses providing farmer and consumer education, as well as making improvements in the safe handling, storage and preparation of foods at different establishments. For instance, there is need for public health education on the risks associated with eating certain foods, whether raw or undercooked, or contaminated or improperly stored. These would require targeting consumers, farm producers, grocers, restaurants, hoteliers, food service workers and health institutions, among others.

### **Policies, Legislation, and Regulations**

14. Policy issues on food safety are essential factors in the delivery of a successful food safety program. Food Safety programs cannot be fully successful without having adequate legislation as an inherent component of hygienic conditions. Many of our food practices transcended the Mosaic Era, the Middle Ages, and the Period of Industrial Revolution, and still exist in our countries today. In such cases, the emphasis is on having legal provisions accompanied by punitive measures in an effort to provide safe foods to the consumer. More recently, the trade rules of the World Trade Organization (WTO) established in 1995 as the multilateral institution, have made it imperative for governments that are signatory to the WTO Agreement to carry out the rules. And WTO has instituted requirements for Sanitary and Phytosanitary measures.

15. Since our small island states have joined the WTO, it is imperative for us to upgrade our Acts and Regulations to effectively comply with the WTO rules. Therefore, our laws must be reviewed, updated, and enacted to meet the WTO demands, but more importantly, to reform laws in agricultural health and food safety so that they become more precise in application, more specific in scope and meet consumer expectations.

16. In October 2002, the Caribbean Food Safety Initiative was strengthened through a USAID-funded project on “Modernization of the Legislative Framework for Food Safety, Animal Health and Quarantine and Plant Health” in Barbados and the Eastern Caribbean States. This project was designed and is being coordinated by the Office of Caribbean Program Coordination of the Pan American Health Organization, in partnership with the Food and Agriculture Organization, and the Inter-American Institute for Cooperation in Agriculture.

17. In reforming the legislative framework, appropriate allowance is to be made for the industry to play a major role and be made more responsible for ensuring that the foods produced or processed are safe and of good quality. This means ensuring that the laws require that acceptable standards and practices be in place for a wide range of food establishments. These establishments include food-processing plants such as poultry processing plants, pluck shops, and abattoirs. But they also include service establishments such as hotels and restaurants, cottage industry including home operations that cater for the public, and street food vending operations.

18. Industries such as these must thus be encouraged to comply with established rules or guidelines that are appropriate for good manufacturing practices, and be adequately monitored for such compliance. Similarly, there must be an overall quality of the employees of the industry, and willingness for adherence to defined guidelines. These would affect the success of the industry and eventually impact on the health of the consuming public.

19. When this project is completed, CARICOM Member States would have an enhanced legislative and regulatory capacity for the national programs related to agricultural health and food safety. The activities of this project are expected to bring added value with the drafting of modern legislation, the building of human capacity and diagnostic support, and the training of public and private sectors in specific areas related to the national and sub-regional food safety programs. Through this project, Caribbean states would be strengthened for better delivery of programs that impact on safer foods, enhanced tourism, greater trade competitiveness and the overall safety of our citizens.

### **Institutional Organization of Food Safety Programs**

20. Our CARICOM states are constrained by limitations associated with scarce human and financial resources. But we must find ways to deal with these challenging issues. One way is to seek to develop integrated program, as mentioned earlier. Over the past several years, PAHO/WHO has sought to foster greater alliance amongst national bodies for enhanced integrated Food Safety Programs. At the national level, we must seek to strengthen inter-ministerial and inter-sectoral collaboration and coordination between critical partners in the food continuum from farm to table.

21. Veterinary Public Health can become a critical partner in such a comprehensive program that takes on board a systems-based approach. The technologies and management practices of agricultural health and food safety from farm to table must be carefully studied to determine food hazards that may be potentially dangerous to the health of the peoples of our hemisphere. Data must be generated for decision making. And one way this can be achieved is through enhanced partnership in the design and execution of surveillance and research aimed at identifying the presence of hazards and critical points to eliminate or minimize the associated risks, from the farm production level through the intermediary stages of harvesting, manufacturing and processing, marketing and distribution, up to the consumption level.

### **Conclusion**

22. Chairman, in conclusion, food safety and food security factors are inherently linked to foods due to the nature of the foods themselves. But they are also linked to the biological agents associated with food animals and their by-products. We in the Caribbean must carefully consider the variety of Caribbean cuisine. These include BBQ chicken, sold on the streets of several of our countries, the numerous patties and pies (Jamaican pattie, beef pies, chicken pies, cheese puffs); other forms of meats (jerk pork, fried chicken, stewed beef) and other Caribbean dishes. At the same time, we must consider the challenges posed by the food handling practices of the vendors and cooks that prepare and sell the foods sold for human consumption.

23. Through a combined effort, well known food-borne diseases such as those caused by *E.coli* and enterotoxins of *Staphylococcus aureus* (Staph) can be prevented and controlled so that they are not passed on to consumers via food and food handlers who do not practice good food hygiene.

24. Agriculturists and Veterinarians in Ministries of Agriculture must join with Medical Officers of Health and Environmental Health Officers. Together, they could become critical players in areas that require their skills, knowledge, and initiatives necessary for all our people, native inhabitants and visitors and tourists alike, to attain equitable sustainability in health. There is scope for veterinarians and other health personnel to make significant contributions to the knowledge base of animal data; particularly as they impact the safety of the foods we consume. The reality is that many of the diseases associated with human morbidity and mortality can be traced to animal sources. Such is the case with direct or indirect animal contact as a source for zoonoses (Brucellosis, rabies, leptospirosis, and tuberculosis), or with products that may be consumed after contamination by disease agents (*Salmonella*, *E. coli* 0157:H7, and *Campylobacter*).

25. Chairman, given the fact that food safety issues and trade issues in the global environment, require transparency and must be based on science, I consider it of profound benefit for our countries to embark on establishing mechanisms for the delivery of food safety programs in a sustainable manner. This would no doubt require the support of tertiary institutions (Universities, Community Colleges, other Technical Food Institutions) and research institutions, as well as private industry and laboratory services.

26. These organizations and institutions have amongst them professional expertise that could make significant contributions to the introduction and use of procedures and practices of food safety programs. This applies whether such programs involve the use of modern inspection systems, Good Agricultural Practices (GAPs), Good Manufacturing Practices (GMPs), Standard Sanitary Operating Procedures (SSOPs), and the Hazard Analysis Critical Control Point (HACCP) methodology. I have been advised that closely related to the HACCP methodology is the introduction of a system for official food auditing.

27. Furthermore, the national program could benefit greatly from strengthened collaboration and commitment among international agencies. Accordingly, PAHO has demonstrated its commitment to technical cooperation through collaborative efforts with the Food and Agriculture Organization (FAO) and the Inter-American Institute for Cooperation in Agriculture (IICA). For example, I cite the Memorandum of Understanding between PAHO and IICA signed on June 2, 2002 by the Director of PAHO and the Director General of IICA. This Memorandum is significant as it brings together organizations that have expertise which, when combined, could enrich the food safety programs of the Caribbean and the wider Americas.

28. Chairman, we continue to live in a world in which people need animals for food, social and economic development, and companionship. And it is a fact that animals often serve as sources for food-borne diseases.

29. We can however, through the Caribbean Food Safety Initiative, introduce and maintain a comprehensive food safety and control program, both at the national and at the regional levels. The Pan American Health Organization should continue the strategic program in Veterinary Public Health and provide support for facilitation of disease monitoring and disease surveillance system, inclusive of laboratory strengthening.

30. I believe that there is an opportunity through the technical co-operation program of Food Safety at PAHO/WHO to provide the Caribbean Community (CARICOM) with those skills, knowledge, and initiatives needed for the attainment of equitable sustainability in health.

31. We are pleased that in spite of reducing financial resources, PAHO/WHO still provides our countries with the technical support for the mobilization of resources for human resource development and institutional capacity strengthening.

32. I applaud PAHO/WHO for its willingness to continue to help our countries and to seek to strengthen alliance amongst the stakeholders within and outside of the Organizations. I encourage the Organization to strengthen the input of its respective centres and field offices in the Hemisphere so that we can collectively address some of the common interests, particularly those in matters related to food safety. It would serve us in the Caribbean well if we could see the enhanced alliance between the various field offices and centres in this move towards food safety and security.

33. Those of us in Barbados and the Eastern Caribbean States wish to express our gratitude to PAHO for its lead role and immense contribution to the modernization and harmonization of the Food, Animal and Plant Health Legislation. But even more, we remain eager and optimistic for the final outcome of this and other projects on the Caribbean Food Safety Initiative.

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