



Meeting report: Second annual meeting of the World Health Organization initiative to estimate the global burden of foodborne diseases[☆]

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ABSTRACT

The second annual meeting of foodborne disease experts and stakeholders was convened in Geneva, Switzerland from 17–21 November 2008. The meeting considered the progress of the World Health Organization's Foodborne Disease Burden Epidemiology Reference Group towards estimating the global burden of foodborne disease from enteric, parasitic, and chemical and toxic causes. The four day expert meeting and one day stakeholder event were attended by over 150 participants from all World Health Organization regions.

1. Second annual FERG meeting

1.1. Background to FERG and the initiative to estimate the global burden of foodborne disease

Illness and death from diseases caused by unsafe food are a constant threat to public health security as well as socio-economic development throughout the world. The full extent of the burden and cost of unsafe food from enteric, parasitic and chemical causes is still unknown, but is thought to be substantial. In order to fill the current data gap, the World Health Organization (WHO) Department of Food Safety, Zoonoses and Foodborne Diseases (FOS), together with its partners, launched the Initiative to Estimate the Global Burden of Foodborne Diseases in 2006 (http://www.who.int/foodsafety/foodborne_disease/ferg/en/index.html, 2009). The Initiative constitutes the implementation of one aspect of the WHO Global Strategy for Food Safety, endorsed by the WHO Executive Board in January 2002 (WHO, 2002). The Initiative aims to provide the first ever comprehensive global estimates of foodborne disease burden by 2011, by age, sex and WHO region for a defined list of causative agents of microbial, parasitic, and chemical origin. These estimates will be made publicly available in the form of a global report and atlas of foodborne disease burden. A Foodborne Disease Burden Epidemiology Reference Group (FERG) consisting of 31 global foodborne disease experts has been established to advise WHO on this task. FERG operates through a core group and five task forces, which are leading work on enteric causes, parasitic causes, chemicals and toxic causes, source attribution, and conducting country studies.

1.2. Overview and outcomes of the FERG meeting

The second meeting of FERG took place in Geneva from 17–21 November 2008. The purpose of the meeting was to appraise the progress made with major pieces of review, research and modelling work currently being undertaken by externally commissioned scientists, and to decide on new priority causative agents for which burden data should be generated. (WHO, 2009).

1.2.1. Enteric task force

This task force reviewed progress made towards estimating the global burden of diarrhoeal diseases in persons older than five years of age (including etiology). Interim results from this review are expected by mid-2009. One of the new task force priorities for 2009 is to review salmonella burden of disease results. Task force members will also undertake a review of the potential usefulness of surveillance, outbreak and source attribution data to the estimation of foodborne disease burden.

1.2.2. Parasitic task force

Task force members considered progress made with systematic reviews of global incidence and prevalence for intestinal protozoa (*Giardia duodenalis*, *Entamoeba histolytica*, *Cryptosporidium hominis/parvum*, *Blastocystis*, *Cyclospora cayetanensis*, *Isospora belli/natlensis*), *Fasciola* spp., *Taenia solium*, and *Echinococcus*. Interim results are expected later this year. The task force's new priority areas are to commission systematic reviews of the global incidence, prevalence, and health effects of *Trichinella* spp., *Toxoplasma gondii*, *Opisthorchis viverrini*, *Anisakis simplex*, and *Ascaris lumbricoides*.

1.2.3. Chemicals and toxins task force

The task force assessed progress made with the commissioned systematic reviews of global incidence and prevalence of disease burden from cyanide in cassava, aflatoxin, dioxins, and peanut allergens. Interim results (global estimates of incidence and mortality) are

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expected during 2009. New priority areas are lead, methylmercury, aristolochic acid, and cadmium.

1.2.4. Source attribution task force

This task force is identifying the proportion of disease burden directly due to food contamination, and aims to attribute the relevant fraction of disease burden to the specific food source responsible, where possible. Current work includes preparing a summary document of data needs for a global atlas of food consumption, and a discussion document on the definition of foodborne diseases.

1.2.5. Country studies task force

The FERG members supported a proposal to create this new task force, with a first meeting to be held in mid-2009. The task force will produce protocols describing how national studies of foodborne disease burden can be undertaken, and provide support to countries wishing to conduct such studies. A protocol is expected to be ready by mid to late 2010, with pilot country studies underway by 2011.

2. Stakeholder meeting

2.1. Overview of stakeholder meeting

The second meeting of the stakeholder community of the WHO Global Burden of Foodborne Disease Initiative was embedded in the FERG meeting and held on the fourth day of the expert meeting, 20 November 2008. It was attended by more than 75 participants, representing over 30 international and bilateral organizations and networks, scientific and public media, and non-governmental organizations and consumer groups (see Table 1 for full list of organizations present). Stakeholders heard about the progress made by the Initiative and provided input to the direction to be taken by the Initiative for the coming year. The meeting also provided new opportunities for technical cooperation, networking and fundraising between stakeholders and WHO. ([Increasing impact through collaboration, 2008](#)).

The meeting was opened by Dr David Heymann (WHO Assistant Director-General for Health Security and Environment). Dr Jørgen Schlundt (Director of the WHO Department of Food Safety, Zoonoses and Foodborne Diseases) summarized the Initiative's achievements during its first year. Ms. Nancy Donley, President and Spokesperson for Safe Tables Our Priority (S.T.O.P.) gave a testimony on behalf of victims of foodborne diseases. Stakeholder working groups then focused on further developing the Initiative's communications and advocacy strategy, and ensuring the appropriateness of the Initiative's findings for policy makers.

2.2. Outcomes of stakeholder meeting

Stakeholders made suggestions for improving the Initiative's policy, advocacy, and communications plans. They stated that WHO should further develop the Initiative's communication strategy to ensure different stakeholder groups are targeted. Policy-makers are a key group, and a separate communications strategy should be developed to ensure that the Initiative's findings are turned into public health action. Stakeholders felt the Initiative's strategy needed to go beyond its initial five year term, and should specify how interim and final results would be disseminated to all audiences. They suggested that WHO should not just perform analyses of the data but should also make policy recommendations, as they felt this would ensure a nonbiased and balanced view. Stakeholders also felt that the Codex Alimentarius Commission should take note of and consider the Initiative's results.

Stakeholders advised that consumer and grassroots organizations have a key role to play in informing consumers of the results of the Initiative, and in advocating for changes in food safety policy.

Table 1

Attendees at the foodborne disease stakeholder meeting (20 November 2008).

International, bilateral and non-governmental organizations, consumer groups and networks	European Commission Food Safety Network, University of Guelph, Canada Food Standards Agency of the United Kingdom GALVmed International Federation for Animal Health (IFAH) International Food Information Council (IFIC) International Labour Office (ILO) International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations (IUF) International Union of Food Science & Technology (IUFoST) Med-Vet-Net National Veterinary Institute, Norway Permanent mission of Canada, Geneva Permanent mission of The Netherlands, Geneva Permanent mission of Mexico, Geneva Permanent mission of Romania, Geneva Permanent mission of Italy, Geneva Permanent mission of Zimbabwe, Geneva United States Department of Agriculture - Food Safety and Inspection Service United States Department of Agriculture - Foreign Agriculture Service World Trade Organization (WTO) Center for Science in the Public Interest (CSPI) European Food Information Council (EUFIC) Industry Council for Development (ICD) International Food Policy Research Institute (IFPRI) Safe Tables Our Priority (S.T.O.P.)
Scientific and public media	British Medical Journal Food Biotechnology International Journal of Food Microbiology Reuters The Lancet Infectious Diseases The New England Journal of Medicine Tribune de Genève

Stakeholders noted that attributing foodborne illnesses to specific food commodities is important for policy and intervention efforts, and recommended that the next stakeholders meeting (anticipated to take place in late 2009) includes a presentation of methods and results of work completed to date. The outcomes of the stakeholder meeting were discussed by FERG on the final day of the expert meeting, and have been incorporated into the workplan for the coming year.

3. Conclusion

Assessing the global burden of foodborne diseases from all major causes is needed to help decision-makers allocate appropriate resources for food safety control and prevention. To tackle this task comprehensively, WHO's Initiative to Estimate the Global Burden of Foodborne Diseases will continue the dialogue with its many intersectoral

partners and stakeholders. The annual FERG meeting and Stakeholder events are one way of ensuring that this happens.

References

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