

ROLE AND RESPONSIBILITY OF THE PUBLIC HEALTH SECTOR IN SOUTH AFRICA REGARDING FOOD SAFETY CONTROL

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1. INTRODUCTION

Contaminated food and water have been known to be sources of illness in human societies since antiquity. Food borne diseases are still among the most widespread health problems in the contemporary world. In rich and poor countries alike, they impose substantial health burdens, ranging in severity from mild indisposition to fatal illnesses.

Food contamination by biological agents of disease is now recognised as a major public health problem all over the world. The migration of millions of people (tourists, immigrants, refugees) has resulted in the international spread of human enteric pathogens. Food habits have changed significantly in recent decades and increasing environmental pollution has resulted in new transmission cycles and hence the contamination of a high percentage of food and feedlots. Apart from epidemic diarrhoeal-diseases such as cholera, it is estimated that currently up to 70% of diarrhoeal episodes in infants may be of food origin. This is especially important in the case of South Africa where it is estimated that almost a third of the population has no access to safe drinking water, and almost half no access to proper sanitation.

Food safety is an increasingly important public health issue and according to the WHO, governments all over the world are intensifying their efforts to improve food safety. A major contributing factor in this regard derives from the globalisation of the world as we know it and the emphasis placed on and the interest shown in the importance of the safety of food crossing national boundaries in international trade. Together with this, there has been a dramatic increase in the number of people travelling internationally for, amongst other, tourism and business purposes.

The socio-economic costs of food borne illness include loss of productivity, loss of income, loss of trade, resulting in a loss of job opportunities and therefore unemployment and possible increase in crime, loss of food

as a result of recalls and condemnations and loss of tourism. It is, however, the damage that incidences of outbreaks of food borne diseases can cause to the reputation of South Africa as a desirable destination for tourists and for export of foodstuffs from a food safety point of view, which are probably the most serious consequences economically.

The services rendered by health authorities in South Africa aimed at ensuring that the food consumers are exposed to do not cause them any harm, are generally referred to as “food safety control”. This can be defined as a mandatory regulatory activity of enforcement by the relevant health authority to provide consumer protection and to ensure that all foods during production, handling, storage, processing, and distribution are safe and fit for human consumption and conform to safety requirements as prescribed by law.

2. ROLES AND RESPONSIBILITIES OF THE HEALTH SECTOR

Within the health sector, the Government of South Africa has adopted the Primary Health Care (PHC) approach through the *National Health Plan for South Africa* and the Reconstruction and Development Programme in 1994, and subsequently the *White Paper on Health: Towards a National Health System*, published in November 1996. The *White Paper* provides for the establishment of a national health system in South Africa, which will in broad consist of three levels for public health service delivery with each level responsible for specific functions.

THE NATIONAL HEALTH SYSTEM

The following is a description of the roles, functions and responsibilities of the components of the national health system regarding, *inter alia*, food safety control.

a. National Department of Health

The following broad functions as determined by the *White Paper*, is the responsibility of the Department:

- Overall co-ordination
- Determination of policy (national norms and standards)
- Monitoring (auditing)
- Supporting the provinces
- International liaison and co-operation

The Directorate: Food Control, included in the Chief Directorate: Pharmaceutical Policy and Planning, is directly responsible for all matters related to food safety control at a national level and addresses this through the following broad objectives within the *Health Sector Strategic Framework's Ten Point Plan 2000-2005 (1999)*:

- To protect consumers and facilitate trade by preparing and administering food legislation, regulations, policy documents and guidelines that are in line with international standards;
- To ensure safe food intake as well as compliance with legal requirements by exposure studies and monitoring/auditing programmes;
- To promote the health of people by informing and educating consumers, industry and law enforcers;
- To ensure the Department of Health fulfils its obligation as National Contact Point of the Codex Alimentarius Commission; and,
- To participate in the development of a new food control system for the country.

For more information on the role and responsibilities of the National Department of Health regarding the control of foodstuffs, contact details are as follows:

Department of Health
Directorate: Food Control

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Pretoria 0001
South Africa

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b. Provincial Health Departments

Due to the restructuring of the public health sector implemented after the first democratic election in the country in 1994 and based on the *White Paper* for health food control as a component of a comprehensive Environmental Health Service became the executive responsibility of the nine provincial health authorities.

The White Paper specifies the following broad functions as the responsibility of the provincial health departments, *inter alia*, also related to food control:

- Support, monitor and evaluate district (local) level services
- Provide certain specialist provincial level services, such as Port Health Services
- Co-ordinate health services within each province
- Formulate norms and standards for district health services
- Formulate protocols and strategies for health programmes

On behalf of the National Department of Health, a full-time Port Health Service is rendered by the four provinces responsible for the control of most of the foodstuffs imported into South Africa namely: KwaZulu-Natal, Eastern Cape, Western Cape and Gauteng. Guidelines to control foodstuffs entering the country through land ports of entry from neighbouring countries have been developed.

Details of the contact points of the nine provincial health components dealing with food safety control are included under Annexure A.

b. Local Authorities (municipalities)

Local authorities are responsible for the following broad functions:

- Health promotion services
- Inter-sectoral collaboration
- Community participation
- Rendering, *inter alia*, environmental health services to communities related to the following:
 - Maintenance of its area in a hygienic condition;
 - investigating complaints;
 - enforcement of relevant legislation; and,
 - identification and control of health hazards

The statutory mandate of local authorities related to food control derives firstly, from the authorisation of individual local authorities by the Minister of Health to enforce the provisions of the *Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972)* and the regulations published thereunder within its area of jurisdiction. Secondly, the *Health Act, 1978 (Act 63 of 1978)*, apart from stating the responsibility of all local authorities to render *inter alia*, environmental health services, including food safety control, the regulations published under the Act provides for various food hygiene related regulations.

The activities of local authorities related to food safety control generally centre around the following:

- Law enforcement based on inspections of food premises and sampling of foodstuffs, (including milk and other perishable foodstuffs).
- Health education to food processors, handlers and consumers, especially within the informal sector.
- Advising existing and prospective entrepreneurs of requirements related to food premises and the safe handling of food.
- Controlling of illegal imported foodstuffs offered for sale within their areas of jurisdiction.
- Investigating and introducing appropriate control measures of all incidences of food borne diseases, which come to their attention.
- Investigating and taking remedial action of all food safety related complaints received.
- Health certification of foodstuffs destined for export in line with the national guidelines provided by the Directorate: Food Control for this purpose.

A process is presently underway to clarify the future responsibilities of the newly created municipalities that exist since the local authority elections that took place in December 2000. Firstly, a clear definition and description of the term “municipal health services” as provided for in the Constitution must be finalised and it is generally accepted that it will include Environmental Health Services, of which food safety control is an important element. Secondly, although there is no confusion regarding the role of metro municipalities (category A) as provided for in the relevant legislation, the demarcation of responsibilities of the local municipalities (category B), and district municipalities (category C), regarding the rendering of municipal health services must also still be finalised.

3. FOOD SAFETY CONTROL LEGISLATION

Legislation and other regulatory measures aimed at ensuring that the food we eat is safe and handled hygienically are probably one of the oldest statutory arrangements to be found in society. Through the ages, a need existed for controlling the activities of people whose actions were aimed at producing, processing, manufacturing, or preparing food intended for consumption by others, by means of what is today generally referred to as food laws. Originally, these measures were religion based but nevertheless aimed at protecting people from the real as well as potential risks to their health and general well being which can derive from contaminated or unsafe food.

Thus, to ensure effective food control, it is crucial that South Africa’s Food Safety Control Program contains food control regulatory activities that are enforced by provincial (imported foodstuffs), and local authorities to provide consumer protection, by ensuring that foodstuffs are safe and suitable for consumption.

Food legislation in South Africa is the responsibility of mainly the health and agricultural sectors and the following legislation is presently the responsibility of the health sector.

a. The Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972)

This Act governs the manufacture, sale and importation of all foodstuffs from a food safety control point of view. The Act is supplemented by a comprehensive set of Regulations published by the Department of Health aimed at setting the minimum standards and requirements all foodstuffs should comply to, including the correct labelling thereof. Included under Annexure B is a list of the Regulations in question.

The Act is the most important piece of legislation aimed at inter alia, addressing the safety of all foodstuffs manufactured, sold or imported into the country. Apart from the delegated legislative authority of the Minister of Health to promulgate regulations on those matters specified in the Act, it empowers the Director General of the Department to execute the following actions in respect of all foodstuffs:

- Authorise persons as inspectors
- Authorise persons as analysts

- Concur with Customs and Excise to remove imported foodstuffs to a place approached in terms of this subsection and make an order in respect thereof
- Decide that payment to be made by an importer of foodstuffs is acceptable and to accept a guarantee
- Order that imported foodstuffs-
 - a. be confiscated and destroyed
 - b. be returned to port of shipment or place of origin
 - c. may be imported on certain conditions
 - d. shall be dealt within a specific manner

In addition to the above-mentioned, the Minister of Health has the authority to apply the provisions of the Act to a state/government outside the Republic of South Africa in respect of foodstuffs imported through the country to such a country.

b. **The Health Act, 1977 (Act 63 of 1977)**

Regulations promulgated under the Act govern, among others, the hygiene aspects of food premises and the transport thereof; milking sheds and the transport of fresh milk; and, the inspection of premises, stipulating for instance the powers and duties of inspectors authorised in terms of the Act. A list of the regulations in question is included under Annexure C.

An extensive set of regulations related to the hygienic handling of food: *The Regulations Governing the General Hygiene Requirements for Food Premises and the Transport of Food (R. 918)*, were published by the Department of Health on 30 July 1999. These regulations are applicable to all food handling situations, including restaurants, café's, shebeens, taverns, street food vendors etc., and covers the following important aspects related to the requirements for the handling of food:

- Prohibition on the handling and transport of food
- Standards and requirements for food premises
- Standards and requirements for facilities on food premises
- Standards and requirements for food containers
- Standards and requirements for the display, storage and temperatures of food
- Standards and requirements for protective clothing
- Duties of a person in charge of a food premises
- Duties of a food handler
- Standards and requirements for the handling of meat
- Standards and requirements for the transport of food
- Provisions concerning unprocessed products

A certificate of acceptability issued by the relevant local authority is required before food is allowed to be handled by a person.

Co-ordination during the process of formulating new regulations and/or revising existing regulations takes place through the Food Legislation Advisory Group (FLAG). FLAG is a non-statutory body consisting of a wide range of role players from industry, government departments and consumer organisations, convened under the auspices of the Directorate: Food Control to advise the Department on all matters related to existing and future legislation.

The various provinces are responsible to support local authorities, which cannot render a service related to the enforcement of the mentioned legislation within their areas of jurisdiction.

4. CODEX ALIMENTARIUS COMMISSION, SPS/TBT MEASURES AND RELATED MATTERS

The Joint FAO/WHO Codex Alimentarius Commission (Codex in short) was established in 1962 to protect the health of consumers and at the same time to ensure fair practices in food trade by promoting the harmonization of food standards applied by the various members of Codex.

The WTO Agreement on the Application of Sanitary and Phytosanitary Measures (in short the SPS Agreement), was drawn up to ensure that countries apply measures to protect human and animal health (sanitary measures) and plant health (phytosanitary measures) based on science. The SPS Agreement therefore, incorporates safety aspects of foods in trade. Another WTO Agreement, the Agreement on Technical Barriers to Trade (in short the TBT Agreement) covers all technical requirements and standards applied to all commodities, such as labelling of foodstuffs that are not covered by the SPS Agreement.

For food safety, the SPS Agreement recognizes, as the international reference, the standards, guidelines and recommendations established by Codex. As long as a country employs these standards, its measures are presumed to be consistent with the SPS Agreement.

The SADC Trade Negotiation Forum (TNF) is the Forum responsible for the negotiations on a Southern Africa Free Trade Agreement (SAFTA) in terms of the SADC 'Protocol on Trade' to be implemented from September 2000. The TNF, in accordance with Article 16 and 17 of the Protocol in question recommended the establishment of a permanent SADC Coordinating Committee on SPS/TBT Measures for Agricultural Products and related Commodities (CC-SPS/TBT), as a support mechanism to the implementation of the Protocol. The aim of the CC-SPS/TBT is to provide guidance, advice, assistance and leadership in the development of SPS/TBT measures to promote trade. Such measures should be in harmony with existing international standards, guidelines and recommendations to, among others, facilitate the free flow of agricultural goods, such as foods, between SADC member states, while protecting human, animal and plant health and the environment of individual States.

The national Department of Health, Directorate: Food Control, through the National SPS Committee of the National Department of Agriculture participates at present in the above-mentioned SADC initiatives and has contributed to the development of the Terms of Reference for the CC-SPS/TBT accepted by the Ministerial Council of SADC.

5. CONCLUSION

From the above-mentioned description of the role and responsibilities of the public health sector in South Africa regarding food safety control, it is clear that the environmental health services rendered by provincial- and local authorities make an important contribution to protect the people of South Africa from the detrimental effects of unsafe food.