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### **National Food System in Ethiopia, A situation Analysis**

*(Prepared by Ethiopia)*

#### **Introduction**

Ethiopia by the account of the UN is one of the least developed countries in the world. It is the third largest populous country in Africa with a population of about 70 million. Agriculture is the dominant source of foreign currency earnings accounting to about 50% to the GDP, about 90% to foreign export earnings, and 80% to employment. It exports coffee, oilseeds, cereals, flowers skin and hides. It is believed that it ranks No.1 in the number of cattle in Africa and 10th in the world. However it has not utilized its agricultural potential and is hard hit by recurrent droughts. To make the country self sufficient and ensure food security, the government has introduced several measures to reverse these trends. The agriculture extension package, the agricultural Lead Industrial Development and the health extension programme are among the major measures taken to ensure food security and safe guard public health.

Within the manufacturing industry, the food-processing sector is the leading sector in terms of establishments, employment and market share. The 2000 statistics published by the Central Statistics Office shows that there were about 221 plants in the country.

As a result of the agricultural Lead Industrial Development and conducive investment policy, the amount of food processing is rapidly increasing both in number and quality. To respond to the international requirements of food safety in the global market as well as to safeguard the public health, the regulatory bodies, the private sectors and the consumer have begun to work together, but this has to be strengthened.

Food safety plays a significant role in the national economic and health development by safe guarding the health of the nation, enhancing tourism, national and international trade for production, distribution and consumption of safe food, preventing avoidable losses and conserving natural resources. Countries with well established food safety assurance systems could export and trade their products without any barriers and become competitive in the global trade.

The issue of food safety is primarily a public health issue and to obtain safe food is a basic human right. In recent years this concern has increasingly become the issue of developing and LDCs specifically with an increase in the number of vulnerable group of the society, immuno compromised patients including people living with HIV/AIDS.

It has been said again and again that the food safety system in developing countries in general and Africa in particular is weak, unable to protect human health, and as a result of stringent food safety laws of developed nations are unable to export its potential raw or processed food. Thus these nations are not only

losing the economic benefit they should get through export market but also overstretching the national health services as a result of food-borne illnesses. The problem is therefore multifaceted and Ethiopia is not an exception to these problems.

## **I. Food Safety System in Ethiopia Legal and Policy Frame work**

By and large regulating food safety is a shared responsibility of Ministry of Health, Ministry of Agriculture and Quality and the standard Authority of Ethiopia. Though there is no comprehensive food safety policy in the country, safeguarding the public from communicable and infectious diseases which equally applies to food safety is clearly addressed in different policies such as the National Health Policy that gives due emphasis in prevention and control of the major health problems of the country.

The Government of Ethiopia has issued a Public Health Proclamation No. 200/2000 in which the issue of food safety is included in this proclamation. Based on this proclamation, a draft food safety regulation is completed and is awaiting endorsement by the Council of Ministers. Most Regional Health Bureaus have enacted their own regulations that fit their regional context based on the Public Health Proclamation.

Ethiopia being an agricultural country is bestowed with immense agricultural potentials in which it ranks No. 1 in Africa and 10th in the world in number of cattle. The Meat Inspection Amendment Proclamation No. 81/1976 provides for the control of slaughterhouses and establishments and ensuring safety of meat and meat products and Animal Diseases Prevention Control Proclamation No. 267/2002.

Committees consisting of government representatives, food manufacturers and food traders, food scientists, food inspectors, medical and veterinary experts, consumers and other stakeholders make the standards. These standards can be company, national, regional, or international standards depending on the scope of their application. As a result, the Quality and Standard Authority of Ethiopia has developed about 450 foods related Ethiopian standards most of which have been implemented and have been made technical regulations by Regulation No. 13/ 1990. In addition to standard development Proclamation No. 102/1998 entitles the Authority to order, subject to prior notice, the closure of factories or businesses undertakings or the cessation of operations, or the ban of movement of the products, where the products and or processes do not conform to the relevant compulsory Ethiopian Standards.

The Codex texts are the basic reference materials for standard settings, and serve as enforcing tools to those items such as food additives, pesticide residues, and others where there are no developed Ethiopian standards.

## **II. Human resource capacity situation**

To enforce the rules, regulations and standards both the Ministry of Agriculture and the Ministry of Health has a structure that reaches to a local level. The Ministry of Agriculture deploys veterinarians and meat inspectors for meat inspection, and look after the sanitation of slaughter houses and processing plants. Ministry of Health assigns Health Inspectors to conduct inspection in all kinds of food establishments. The Quality and Standard Authority has branch offices at several regions to enforce standards.

Currently the number of meat inspectors veterinarians, senior and assistant meat inspectors stands at about 260. The 950 health inspectors (sanitarians) are deployed at a health centre level to conduct overall environmental health services including inspection of food establishments. These are trained professionals who enforce set rules, regulations, and standards through regular inspection of food establishments. The regulation has given the power to order closure of establishments for non-compliance.

### **III. Food-borne diseases surveillance**

Health and health related indicators of the Ministry of Health published in 2004 shows that among the ten leading causes of outpatient visits to health institutions are all forms diarrhoea diseases, intestinal parasites which are directly or indirectly related to food. However health institutions that compile monthly morbidity statistics do not segregate if the cause for such illnesses is due to food or other.

Due to weak structural organization, underdeveloped human resource and insufficient resource allocated to food-borne surveillance, there is no systematic surveillance system in place. Occurrence of zoonoses such as anthrax, brucellosis that can be transmitted from animal to human are rarely reported and exchange of information between the two regulatory bodies is virtually absent. As a result, the prevalence and magnitude of the problem inflicted by food-borne illnesses is not known.

### **IV. Coordination of activities of all organizations involved in food safety management.**

The lead government institutions responsible for food safety collaborate work together in organizing training workshops, standard setting, and drafting regulations include the Ministry of Health, Ministry of Agriculture and Rural Development, Quality and Standards Authority of Ethiopia, Ministry of Trade and Industry, Ethiopian Manufacturing Industries Association. Since 2002, these bodies have established a Technical Committee that implements a Food Safety Assurance System in accordance with the international market requirements supported by the United Nations Industrial Development (UNIDO). However coordination of activities at the lower level of the hierarchy remains to be established and strengthened.

There is a lack of clearly defined, demarcated, and streamlined responsibilities and mandates, defragmented activities, duplication of effort misuse of human resource and wastage of meagre resource allocated to the sectors.

Cognizant of the problem, with the technical support of UNIDO, the existing technical committee is in the process of establishing a National Food Safety Council drawn from regulatory bodies, research institutes, industries, consumers, higher learning institutes involved in food safety. The mandate of the council has already been developed and included as part of the food regulation.

### **V. Laboratory Support Services for all relevant food hazards**

Laboratory testing of food is carried at the Ethiopian Health and Nutrition Research Institute (EHNRI), which is mainly established for research purposes. There are six regional public health laboratories, which are under staffed and poorly equipped to perform food tests. The capacity of EHNRI to perform complex tests such as pesticide residues, aflatoxins, and certain pathogenic micro organisms is lacking and unable to cope with demands for several types of test requested by importing countries as well as suspected imported foods.

With the financial support provided by UNIDO, the capacity of the Microbiology Public Health laboratory was upgraded in 2004. A budget is earmarked to upgrade the Public Health Chemistry Laboratory at the second phase of UNIDO's Project.

There are 13 veterinary laboratories in the country. The Regional Veterinary Laboratories and the National Animal Health Research Centre (NAHRC) are mainly engaged in diagnostic of animal diseases, sero-surveillance activities, and animal diseases research. There is no veterinary public health laboratory which deals with bacteriological, toxicological, chemical and residue analysis of products of animal origin.

The Quality and Standard Authority of Ethiopia has chemical and microbiological testing laboratories designated to food analysis and these laboratories have started working towards accreditation.

## **VI. Public/Private Partnership**

The business community, particularly the food sector has recognized the need to introduce and establish an internationally recognized food safety assurance system by improving its manufacturing capabilities to meet quality requirements of the foreign importers. The consumer association, though not more than five years old is gaining momentum to create awareness of food safety among the public and closely work with regulatory bodies to satisfy the demands of the public. To respond to the need of the consumer and foster relationship with the private sector, regulatory agencies have separately or collectively organized different forums. The Ethiopian Manufacturing Association which represents the public/private owners of food processing plants is member of the technical committee that oversee the UNIDO food safety project. To create awareness among the public, the government uses free air time (TV, radio) and prints newspaper to the area of food safety.

## **VII. Challenges faced and approaches used**

Ethiopia does not have a well-established system that responds to modern food safety system. Among the major challenges faced but not limited to are:-

- lack of enforcement mechanism for existing regulation
- under equipped and understaffed public health laboratories to respond to current international food safety demands
- weak coordination among lead government agencies, the private sector and the consumer at large
- low management capacity and knowledge of regulatory bodies to cope with fast growing science of food safety
- low level awareness of food safety in most processing plants
- food safety issue being taken as secondary to economic benefit
- fund allocated to food safety by donor agencies is not satisfactory in (in relative terms)
- low level of hygiene awareness of the public to the basic food hygiene practices

To mention the few approaches used to overcome these problems:

- To update inspectors through refresher courses
- Lobby donor agencies to upgrade the capacity of existing public health laboratory
- Initiate the establishment of National food Safety Council
- To introduce the food safety system in selected food processing plants
- Approach embassies, agencies and others to support the national food safety programmes through fund mobilization
- Disseminate food hygiene information through mass media.
- One promising strategy is the recently launched health extension program by the Ministry of Health. It aims at reaching and delivering preventive health services to the rural population. Basic food hygiene is one of the components included in the packages and it is believed that this service will improve the health status of the population.

Some of the approaches to a limited extent have borne fruits but are unable to solve a fraction of the problems related to food safety issues. It is therefore of paramount importance that all stakeholders have to come together and contribute their fair share to safeguard the public health and generate economic benefit that can be obtained from the food sector.

