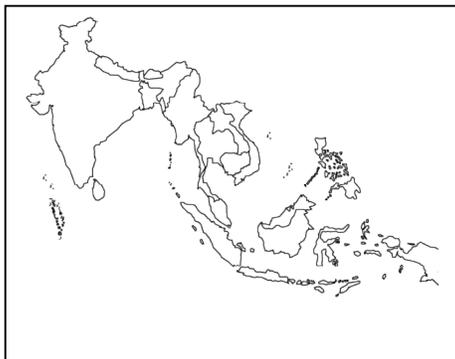


2. SOUTH EAST ASIAN REGION



Although there have been major nutritional improvements in the South East Asian Region since the 1990s, the same cannot be said for food safety. For a large percentage of the people of the South East Asian Region, gaining access to safe food remains a major obstacle. The rapid population increases in many countries - particularly in the urban areas - also aggravate food safety problems. Given the growing concerns with food safety issues in the South East Asian Region, a regional strategy has been developed to address those concerns.

2.1 Foodborne diseases in the South East Asian Region

The South East Asian Region contains the following countries:

Bangladesh, Bhutan, India, Indonesia, Myanmar, Nepal, North Korea, the Republic of Maldives, Sri Lanka, Thailand, and Timor-Leste.

Foodborne diseases are common in most countries of the South East Asian Region.¹ Microbiological contamination of food and water is a major cause of deaths and illnesses due to diarrhea. region-wide, approximately one million children under the age of five die each year from diarrheal diseases after consuming contaminated food and water.²

Cholera, which has been controlled in many parts of the world, has been a major health concern in this region for decades - particularly in Bangladesh and India.³ Cholera outbreaks generally are linked to contaminated water, but transmission can occur through contaminated foods served by street vendors and restaurants.⁴

2.2 Food safety concerns in the South East Asian Region

Many factors contribute to human health concerns in the South East Asian Region, including inadequate access to clean water, the increased use of pesticides and other chemicals in agriculture and food processing, and the lack of producer and consumer education. The rapid urban population growth in many countries means that many people live in conditions of extreme poverty, filth, overcrowding, and poor sanitation. That has also aggravated food safety problems.

Street food vendors and food service premises are an essential and an increasingly important part of the food supply system in nearly all of these countries. In the absence of strict controls over preparation, storage, distribution, and display practices, those foods have the potential to become a

major source of foodborne disease. Many countries, like India and Nepal, lack critical enforcement of health and food safety regulations against street food vendors due to a shortage of health inspectors.

In most countries of the South East Asian Region, laboratories with the capacity to detect common foodborne hazards are rare, and where they do exist, the high cost of testing is an obstacle.

In countries that have a regulatory framework for monitoring food control, enforcement is often weak, owing to inadequate infrastructure and staffing.



2.3 Policies and plans of action in the South East Asian Region

In 1998, countries of the South East Asian Region committed themselves to a 10-point strategy to reduce the burden of foodborne diseases. However, progress toward achieving the strategy's objectives has been inconsistent. While all countries have identified one lead agency to deal with food safety issues - generally within the Ministry of Health - not all of them have developed food safety policies. (See Box.^{5,6})

Food-related disease surveillance activities are also inconsistent. All countries of the South East Asian Region have implemented programs to collect illness and mortality data. With few exceptions, those programs are not specifically targeted to address foodborne diseases and the quality of the information is often poor. Overall, laboratory confirmation of specific diagnoses, such as *Salmonella*, is rare in most areas, reflecting inadequate clinical practices and lack of laboratory access.

Some countries have developed non-official or non-mandatory programs to improve food safety. For example, in Thailand, training programs are used for retailers, restaurants, and other food services to improve food safety and hygiene. Those programs include voluntary inspection and certification of food service businesses.⁷

The quality of food inspection programs, including retail inspections, is inconsistent around the region. Some countries, like Bhutan, lack the legal infrastructure to conduct health inspections. Inspection units are often understaffed and lack necessary equipment. In Sri Lanka, studies show that catering establishments – particularly the medium and small type restaurants – often did not conform to the updated hygienic regulations and that regulators lacked the resources to bring them into conformity. As a result, in Sri Lanka, the Food Regulations are being redrafted to ensure that all new establishments obtain registration, which requires them to meet minimum standards before they can open.

Nevertheless, according to a study from the International Food Policy Research Institute (IFPRI), developed countries continue to reject food products produced by South Asian countries.⁸ As a result, the countries of the South East Asian Region, in collaboration with WHO, are focusing on a more holistic farm-to-table approach.

2.4 Consumer organizations in the South East Asian Region

Consumer organizations in the South East Asian Region have identified their major projects as developing national food-safety standards, conducting comparative food product tests, advocacy to improve access to safe, nutritious, and affordable food, and adoption of laws to improve the safety of street food.

THAILAND⁹

There are approximately a million cases of acute diarrhea reported each year in Thailand, among which more than 120,000 are foodborne.

Consumption of raw or undercooked food and contaminated water used to prepare food are important causes. Key pathogens isolated from diarrheal cases are *Shigella spp.*, *Salmonella spp.*, and *Escherichia coli*.

Diarrheal diseases are found most often among those living in areas of poor environmental sanitation. The disease incidence in children under five years of age is high.

