Food Safety in Emergencies

**Intense civil strife, natural disasters such as droughts and floods coupled with spiraling poverty make the region particularly vulnerable to intractable humanitarian emergencies. Disasters can have serious consequences to food safety. In the face of the frequency and scale of humanitarian emergencies within the region, it is critical to strategically strengthen capacities in addressing food safety concerns during emergencies and disasters.**

**Humanitarian emergencies in the Region**

Disasters, both natural and manmade are acutely rife within the region. Since 1970, Africa has experienced more emergencies than any other region of the world. During the past five years, around 5 million people died due to humanitarian crises in the Region. Records further indicate that while Africans constitute only 12 percent of the global population, around 28 percent of the world’s 11.5 million refugees and just under 50 percent of the world’s 20 million internally displaced persons (IDPs) are to be found in Africa.

In West Africa, the Liberian conflict is reported to have caused at least 600,000 deaths and displaced millions. The Southern Africa humanitarian crisis in 2002 is reported to have affected at least 14 million people.

The long-running crisis in the Great Lakes region has resulted in a huge number of deaths, great suffering and hardship, severe devastation, major population displacement, widespread criminality and arbitrary violence.

**Emergencies and food safety**

Food safety has become a central concern in recent years. Contaminated food has been recognized as playing a major role

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1 Regional Strategy for Emergency and Humanitarian Action. AFR/RC47/7
4 WHO/AFRO Press Releases. 28 August 2002
in the epidemiology of cholera and other forms of epidemic diarrhoea.

A particularly critical and different set of food safety problems arises in the wake of disasters such as floods, droughts, and earthquakes, as a result of which food supplies are destroyed or seriously contaminated. This frequently has grave consequences for the health of survivors.  

Conditions in refugee camps are prone to outbreaks of foodborne disease. Environmental contamination and improper food handling increases the risk of epidemics such as cholera.

A major outbreak of cholera in 1994 devastated Rwandese refugee camps in Zaire, (Democratic Republic of the Congo) where an estimated 70,000 cases of diarrhoeal disease (mostly cholera) occurred in Goma with high fatality rate.

During 1992, in the Lisungwi camp that housed 60,000 refugees from Mozambique, 772 cases of abdominal cramps and bloody diarrhoea were documented. The major factor contributing to illness was consumption of cooked food bought at the market.

**Food safety interventions during emergencies**

Strategies of programmes for disaster preparedness should have major components focused directly on minimizing the impact of food and water contamination, on the rapid provision of supplies of safe food and water from unaffected areas, and on salvaging and sorting local foods that may be partly damaged.

While education of the public in food safety is important at all times, in disasters and emergencies it becomes vital. It is necessary to intensify health education activities and extend the channels for communication with the public.

In refugee centers, food handlers who are responsible for preparing the food, and their supervisors, need training in safe food handling and in the Hazard Analysis Critical Control Point (HACCP) concept.

**WHO technical support and actions to food safety in emergencies and disasters**

The centrality of food safety and security problems during emergencies poses a special challenge. WHO will continue its work to assist countries in strengthening communication and foodborne disease surveillance; reinforcing and enhancing food control from the farm to fork.

Increased emphasis will be placed in the near future in supporting countries at integrating food safety considerations in disasters and emergency response procedures.

Special focus will also be made on strengthening risk communication during disasters and emergencies.

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7 Adams and Motarjemi. Basic Food Safety for Health Workers. WHO. 1999
8 WHO Press release/68 – 11 September 1995

For More Information on Food Safety and Nutrition please contact Division of Prevention and Control of Non-communicable Diseases (DNC), B.P. 6 Congo, Brazzaville.

10 Environmental Health in Emergencies and Disasters. A Practical Guide. WHO. 2002