

WHO Initiative
to Estimate the Global Burden of Foodborne Diseases

For further information, please contact:

Dr Claudia Stein
Medical Officer (Epidemiologist)
Food Safety, Zoonoses and Foodborne Diseases

World Health Organization

☎ +41 22 791 3234

☎ +41 22 791 4807

✉ steinc@who.int

WHO Department of Food Safety, Zoonoses and
Foodborne Diseases
foodsafety@who.int



WHO Initiative to Estimate the Global Burden of Foodborne Diseases

Estimating national burden of foodborne diseases

Country studies



© Ranajit Bandyopadhyay



Background

Foodborne diseases are an important cause of morbidity and mortality worldwide. Diarrhoeal diseases alone - a considerable proportion of which is foodborne - kill 2.2 million people globally every year.¹ Although most of these diarrhoeal deaths occur in poor countries, foodborne diseases are not limited to developing countries, nor are they restricted to diarrhoeal diseases. The full extent of the burden and cost of unsafe food is currently unknown.

To fill this data gap, the WHO Department of Food Safety and Zoonoses launched the Initiative to Estimate the Global Burden of Foodborne Disease in 2006, in collaboration with multiple partners. The Initiative aims to:

- provide estimates of the global burden of foodborne diseases by age, sex, and region for a defined list of causative agents of microbial, parasitic, and chemical origin;
- increase awareness and commitment among Member States for the implementation of food safety standards;
- encourage countries to use burden of foodborne disease estimates to develop food safety prevention, intervention and control measures and measure their effectiveness; and
- build capacity within countries to conduct burden of foodborne disease assessments.

Why conduct national studies of foodborne disease?

The Initiative is advised by the WHO Foodborne Disease Burden Epidemiology Reference Group (FERG). FERG is the independent expert group charged with assembling estimates of the global burden of foodborne disease. While the FERG is considering all existing scientific evidence, including surveillance data, the full picture of the global burden can only be established if national-level estimates of the health burden caused by eating contaminated food are collected. It aims to achieve this by strengthening the capacity of countries to undertake national burden of foodborne disease assessments, and by providing

countries with tools with which to conduct these studies. The data generated by these studies will complement the global estimates. However the real strength of such data lies in its ability to assist countries to make and apply food safety policies and interventions based on sound scientific evidence pertinent to that country. Therefore the Initiative has established a country studies task force (under the auspices of FERG), which will work with countries to provide the support and tools they need to enable them to conduct their own burden of foodborne disease studies.

The Country Studies Task Force

The Country Studies Task Force (CSTF) consists of approximately twenty experts with experience in conducting national studies of foodborne diseases, burden of disease methodologies; policymaking and regulation; and training and education. The CSTF will:

- develop protocols that can be used by countries to undertake a national burden of foodborne disease study;
- develop training materials so that countries can build the capacity they need to conduct a national foodborne disease study;
- provide policy situation analyses that enable the inclusion of burden informa-

tion into food safety policy making; and

- oversee national burden of foodborne disease studies, aiming for three in each WHO region.

Policy makers are being involved as members of the Task Force from the outset, to make sure that the translation of burden information into food safety policy is an integral part of the protocols.

It is anticipated that protocols will be ready to be piloted in certain selected countries by mid 2010, with completion of the pilot studies by end 2010. Protocols and training materials will then be revised, and country studies will start in 2011.

Budgetary requirements

Although WHO itself has made a considerable financial investment in the Initiative and is supported by an alliance of donors, the Initiative requires additional funding of approximately US\$ 2.8 million to fund the proposed activities of the Country Studies Task Force. Interested parties can engage with the work of the Country Studies Task Force in a number

of ways, such as:

- By providing staff for training and country-level capacity building purposes.
- By linking the Initiative to relevant networks or study sites.
- By providing financial support to the Initiative.

Activity	Budget line items	US\$ in Year 1 (2009-2010)	US\$ Year 2 (2010-2011)	US\$ in Year 3 (2011-2012)	Total cost
Task Force meetings	Venue hire and associated costs	5,000	5,000	5,000	15,000
	Travel and per diems for participants (approx. 20 participants funded for round trip of \$5,000 and per diem of \$250 per day)	105,000	105,000	105,000	315,000
Contracted services	2 systematic reviews each year at \$40,000 each	80,000	80,000	80,000	240,000
	1 major research study each year at \$70,000 each	70,000	70,000	70,000	210,000
	Creation of approx 5 policy briefs for pilot studies, and up to 18 policy briefs for full studies at \$20,000 each (policy brief outlines how to turn scientific results into effective country level food safety policy)	0	100,000	360,000	460,000
	Creation of training materials for countries	50,000	0	0	50,000
	Revision of training materials	0	30,000	0	30,000
	Creation of country protocol	30,000	0	0	30,000
	Revision of country protocol	0	30,000	0	30,000
Country studies: 5 pilot studies in year 2; 18 full studies in year 3	Preparation and printing of reports, training materials, protocol	5,000	10,000	10,000	25,000
	Travel for WHO adviser to train local staff in use of protocol (\$5,000 per country)	0	25,000	90,000	115,000
	Salary of local epidemiologist for 12 months to perform study (\$40,000 per study)	0	200,000	720,000	920,000
	Salary of local assistant to epidemiologist (\$15,000 per study)	0	75,000	270,000	345,000
	Other services (including software, office supplies, etc) (approx \$5,000 per study)	0	25,000	90,000	115,000
Funds required: direct costs		345,000	755,000	1,800,000	2,900,000
Funds required: total costs (including 13% Project Support Costs)		389,850	853,150	2,034,000	3,277,000

¹ The Global Burden of Disease. 2004 Update. Geneva, WHO, 2008.

http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf (accessed 08/12/2008)