

## STDF PROJECT PREPARATION GRANT (PPG)

### APPLICATION FORM

The Standards and Trade Development Facility (STDF) provides Project Preparation Grants (PPGs), up to a maximum of US\$50,000, for the following purposes (or a combination thereof):

- application of SPS-related capacity evaluation and prioritization tools;
- preparation of feasibility studies that may precede project development to assess the potential impact and economic viability of proposals in terms of their expected costs and benefits; and/or
- preparation of projects proposals that promote compliance with international SPS requirements, for funding by the STDF or other donors.

Applications that meet the STDF's eligibility criteria are considered by the STDF Working Group, which makes the final decision on funding requests. Complete details on eligibility criteria and other requirements are available in the *Guidance Note for Applicants* on the STDF website ([www.standardsfacility.org](http://www.standardsfacility.org)). Please read the *Guidance Note* before completing this form. Completed applications should be sent by email (as Word documents) to [STDFSecretariat@wto.org](mailto:STDFSecretariat@wto.org).

<b>PPG Title</b>	<b>Development of a Proposal for a Regional Total Diet Study in Latin American and Caribbean Countries</b>
<b>Budget requested from STDF</b>	\$50,000.00
<b>Full name and contact details of the requesting organization(s)</b>	Panaftosa <sup>1</sup> -PAHO <sup>2</sup> /WHO (Brazil) and WHO Collaborating Centre: Food Directorate, Health Canada <sup>3</sup> (Canada)

<sup>1</sup> The Pan American Center for Foot and Mouth Disease (Panaftosa) is a scientific center of the Pan American Health Organization/World Health Organization (PAHO/WHO) has developed an important work in the control and eradication of FOOT AND MOUTH DISEASE from inauguration in 1951. Technical cooperation on zoonoses and food safety are also included in their mandates.

<sup>2</sup> The Pan American Health Organization (PAHO), founded in 1902, is the world's oldest international public health agency. It provides technical cooperation and mobilizes partnerships to improve health and quality of life in the countries of the Americas. PAHO is the specialized health agency of the Inter-American System and serves as the Regional Office for the Americas of the World Health Organization (WHO). Together with WHO, PAHO is a member of the United Nations system.

<sup>3</sup> In support of Health Canada's mission to help Canadians maintain and improve their health, the Food Directorate is the federal health authority responsible for establishing policies, setting standards and providing advice and information on the safety and nutritional value of food. Its current focus is in several areas, including; the chemical and microbiological contaminants of foods, such as heavy metals or E. coli. The Food Directorate conducts, scientific research, conducts health risk and benefit assessments and provides information to support Canadians in their decisions about food and diet. (Designation process ongoing)

<b>Full name and contact details of contact person for follow-up</b>	<p>Adam Probert  Senior Epidemiologist/Health Products and Food Branch  Health Canada/Government of Canada  <a href="mailto:adam.probert@hc-sc.gc.ca">adam.probert@hc-sc.gc.ca</a>  Telephone 613-952-0081/Facsimile 613-957-1574</p> <p>Jorge Torroba  Advisor on Food Safety and Quality Management  Pan American Foot and Mouth Disease Center  Panafiosa-PAHO / WHO  Telephone: + 55 21 3661 9031 (or VOIP 49031)  <a href="mailto:torrobaj@paho.org">torrobaj@paho.org</a></p>
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## I. BACKGROUND AND RATIONALE

**1. What is the purpose of this PPG? Explain whether it is requested to: (i) apply an SPS-related capacity evaluation or prioritization tool; (ii) prepare a feasibility study (prior to project development) to assess the potential impact and economic viability of proposals in terms of their expected costs and benefits; and/or (iii) prepare a project proposal for consideration by the STDF or other donors?**

The purpose of the project preparation grant is twofold. First, to obtain funds to develop a feasibility study to identify the main capacity gaps with chemical risk assessment in Caribbean and Latin American countries. Second, to prepare a project proposal to fund a regional total diet study in select Latin American and Caribbean countries.

The importance of this proposal to increasing trade among Latin American and Caribbean countries is straight forward. Taking a step back, it is well recognized that the ingestion of excessive amounts of contaminants (such as lead, mercury, arsenic, cadmium, PCBs, dioxins) and other chemicals (such as pesticides) through the food supply can have detrimental effects on the health of consumers. Thus, it is essential to analyse the foods people eat for contaminants and other chemicals through regular monitoring and surveillance programs, ensuring that the chemical levels found in foods remain safely within acceptable national and international guidelines. The preferred method to for these programs is to conduct Total diet studies. Total Diet Studies are analytical surveys that determine the level of various contaminants in the diet of a population. These studies require a list of food products consumed that comprise 80-90% of the diet of the population of interest. However, several Latin American and Caribbean countries do not have food consumption surveys that are regularly conducted, or have not been collected in over a decade. Total Diet Studies, and their precursor consumption surveys are recommended by the World Health Organization as an important activity for its member nations to undertake, as it provides reliable estimates of dietary intakes of contaminants.

A preliminary survey of Latin American and Caribbean countries conducted in the spring of 2014 yielded nine responses from countries that want to improve their food surveillance capacity (Aruba, Chile, Colombia, Cuba, Dominican Republic, Jamaica, Nicaragua, Suriname and

Uruguay). The results demonstrated that every country is at a different stage of a food surveillance and chemical risk assessment program, with most of the countries surveyed requiring additional training needs. STDF funds are requested to further investigate what is needed to enhance the capacity within each country in order to conduct a total diet study in the future and determine appropriate existing data sources. Addressing the differing levels of capacity will be among the topics pursued in the workshop component of this proposal.

Several of the countries surveyed presently have the capacity to conduct a total diet study to improve their ability for chemical risk assessment in food with additional funding, although few of the countries in Latin American and the Caribbean currently conduct total diet studies. However, due to the complexity of such an endeavour, not every country currently has the laboratory capacity, or the underlying dietary surveillance information to conduct a total diet study, therefore focus should be on developing funding and capacity building programs.

Both aspects of STDF's mandate are reflected in this proposal. First, when ultimately completed, the development and implementation of this plan will allow countries to build upon the experience of others to develop their own chemical risk assessment programs, including the administration of consumption and total diet surveys. Second, we will be developing a community among Latin American and Caribbean countries in order to develop a series of regional Total Diet Studies. For those countries without adequate capacity to launch this type of work, they will benefit from the established collaboration from those countries that do have the TDS capacity.

**2. Explain the key SPS problems and/or opportunities to be addressed. Clarify why these issues are important, with attention to market access and poverty reduction. Describe, if relevant, how these issues relate to SPS priorities in the Enhanced Integrated Framework's Diagnostic Trade Integration Studies (DTIS), the findings of SPS-related capacity evaluations, national poverty reduction strategies, sector development strategies or policies, etc. See Qn. 7. (b) – (d) of the Guidance Note.**

Every country should have a robust food system, however for some, lack of resources has inhibited the ability to regulate and trade food and agriculture. In addition, every food system should have a parallel surveillance and risk assessment system. The information provided by a surveillance system has many uses, foremost to provide information on the safety of a food supply. With the evidence of a safe food supply, international trade opportunities develop, further improving the health of a population. In addition, the information collected on a food supply can be contrasted and compared with other countries in initiatives such as the CODEX Alimentarius commission. The CODEX promotes "international food standards, guidelines and codes of practice contribute to the safety, quality and fairness of this international food trade." For some countries in Latin America and the Caribbean, the lack of resources has also meant a lack of data. Some countries have limited consumption surveys and no systematic collection of chemical contamination data. Without an increase in the capacity of Latin American and Caribbean countries to provide food surveillance information, their participation will be minimal. These data gaps should be addressed before launching more challenging projects.

In the spring of 2014, Panaftosa launched a survey of Latin American and Caribbean countries to determine their capacity for launching a regional total diet study as part of their chemical risk assessment activities. A brief summary of the results follows:

Jamaica and Suriname: Stated that they have limited resources for food surveillance. There is a need for greater capacity before they consider participating in a Total Diet Study. These countries likely should start by first improving food consumption surveys.

Aruba, Cuba and Nicaragua: Some more planning and training is needed before a Total Diet Study could be initiated. These countries have some infrastructure in place for conducting basic food consumption surveillance. It is expected that these three countries are able to participate in the regional TDS as a result of this initiative.

Chile, Colombia, the Dominican Republic and Uruguay: These countries have experience as well as the necessary capacity to conduct a total diet study. They may have current or ongoing plans for which this grant would seek to harmonize activities across the region.

All countries stated that they would benefit from more training (some have current human resources, others require new personnel) in order to advance their needs for improved food surveillance information.

The end result of this proposed initiative is twofold. First, the development of a regional Total Diet Study<sup>4</sup>, which will provide valuable information towards chemical risk assessment activities of participating countries. Second, the development of a path forward for other Latin American and Caribbean countries to improve their capacity for developing information on food consumption and chemical risk assessment. In time, these countries will be able to participate in additional regional Total Diet Studies.

Additionally, in terms of data harmonization, any new data generated by PPG activities due care will be taken to fit the format of the FAO/WHO Chronic Individual Food Consumption Database Summary Statistics (CIFOCOss). This aspect will be included in the agenda of November workshop.

Once a participating country has conducted a Total Diet Study it will be able to develop their own chemical risk assessment activities that are based on internationally accepted science and evidence based principles. It is anticipated that this will establish a regulatory framework that is more aligned with the international community, resulting in decreased regulatory burden for industry and removing unnecessary barriers to trade. This will enable free flow of food products and enhanced market access to/from PAHO region countries.

**3. Which government agencies, private sector, academic or other organizations support this PPG request? Letters of support from each of these organizations would be advantageous (Appendix 1). See Qn. 7. (e) of the Guidance Note.**

On December 9th & 10th, 2013 in Brasilia, Brazil a workshop entitled the “Technical Meeting to Strengthen the Capacity of Chemical Risk Assessment in Latin American Countries” was organized and funded by Panaftosa. The purpose of the workshop was to define a common strategy and discuss priority activities to support the strengthening of the chemical risk assessment capacity (<http://fos.panalimentos.org/WorkingDocumentsforTechnicalMeetingonRA/tabid/883/language/es-ES/Default.aspx>).

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<sup>4</sup> With the participation of at least: Aruba, Colombia, Cuba, Chile, Dominican Republic, Nicaragua and Uruguay.

Among the recommendations that participants achieved consensus on were the following;

- The need for comprehensive food consumption data and prevalence data for chemical contaminants and nutrients in food
- Establish e-training on GEMS manual/data submission
- Establishment of strategy for data collection and development of national and regional information databases compatible with the International systems used by Codex Risk Assessment bodies (e.g. GEMS)
- Establishment of a Regional Network for Latin American and Caribbean countries
- Develop a web-based clearing house for documents of common interest: e.g. Legislation compilation
- Develop and administer a National institutional\technical capacity survey
- Identify funding mechanisms for future surveillance needs.

This proposal is in response to the recommendations agreed to at that meeting. As shown, one of the main outcomes from the workshop, development of a Total Diet Study was made a priority. However, some countries don't have the capacity to launch a study, even with the presence of funding.

From that meeting, several countries in Latin America and the Caribbean were asked to fill out an online survey on their capacity for food surveillance and the administration of total diet studies. To date, responses from Uruguay, Aruba, Chile, Colombia, Jamaica, Nicaragua, Suriname, Cuba, and Dominican Republic had been submitted and the results summarized in other sections of this proposal.

Health Canada, as a pending WHO Collaborating Centre, recognises that a safe food supply is a major contributing factor to the health of Canadians that requires working with other countries to ensure food safety. Canada is currently negotiating free-trade agreements with several PAHO member countries, including the Caribbean Community (CARICOM) and the Central America Four. The free-trade agreements may result in enhanced free-flow of food products between Canada and PAHO member countries. Therefore, Health Canada seeks to promote enhanced safety of food by strengthening national regulatory authorities in food safety and enhanced collaboration and information sharing for rapid and effective responses to key risks on food products.

At the 63<sup>rd</sup> World Health Assembly, Canada sponsored Resolution 63.3 - Advancing Food Safety Initiatives, which, amongst other things, calls upon member states to contribute to the timely conduct of international risk assessments through the provision of relevant data and expertise in order to tackle more efficiently and consistently foodborne diseases and food-safety issues that threaten global public health security. This project enables Canada and the global community to meet its commitment of implementing resolution 63.3.

PAHO region countries export significant amount of food products to the world. Canada aims to enhance regulatory cooperation with Latin America and Caribbean countries by promoting regulatory convergence and alignment by supporting regional efforts to implement internationally recognised standards and adopt best practices as exemplified by the Codex Alimentarius Commission standards for food. Adoption of food standards that are consistent with standards will enhance safety of exports from PAHO region, and thus contributing to a safer global food supply.

**4. How does this PPG complement and/or build on past, ongoing and/or planned national programmes and/or donor-supported projects? See Qn. 7. (f) of the Guidance Note.**

Previous to the workshop held in December of last year, this proposal builds on the work done at the 6<sup>th</sup> Meeting of the Pan American Commission on Food Safety<sup>5</sup> (COPAIA 6) and the 16<sup>th</sup> Inter-American Meeting at Ministerial Level in Health and Agriculture<sup>6</sup> (RIMSA 16), 2012 Workshop in Chile.

In 2013, Panaftosa, the Department of Food Safety and Zoonoses at WHO and the WHO Collaborating Centre based at Health Canada were able to devote staff to pursue this activity and organized the preliminary workshop “Technical Meeting to Strengthen the Capacity of Chemical Risk Assessment in Latin American Countries” in December 2013.

In the Spring of 2014, Panaftosa distributed a web-based Total Diet Study Readiness questionnaire in order to gather background information for this proposal. There were nine responses to date.

As mentioned above, this proposal meets both goals of the STDF mission and its vision of improved sanitary and phytosanitary capacity in developing countries supports sustainable economic growth, poverty reduction, food security and environmental protection.

**5. Have you discussed this PPG request – or funding for the project proposal which would result from it – with any potential donors (bilateral, multilateral, Enhanced Integrated Framework, etc.)? If so, provide details below and indicate potential sources of funding for the resulting project. See Qn. 7. (g) of the Guidance Note.**

The preliminary capacity survey of Total Diet Study readiness demonstrated that there are some countries (Chile, Colombia, the Dominican Republic and Uruguay), and that currently have the human resources and pre-requisite dietary information to conduct total diet studies, and are planning to conduct studies in the future. These plans and resources will be discussed at the proposed workshop.

For those countries that are not ready to conduct their own total diet study, the second part of this proposal is to more explicitly determine the resource and training needs. It is expected that the lessons learned from the countries that are “ready” to conduct a total diet study will help shape the development of needs assessment of the other interested participants.

Panaftosa and the WHO Collaborating Centre (Health Canada) will act as secretariat for this initiative.

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<sup>5</sup> COPAIA’s main purpose is to help improve food safety throughout the entire food chain by sustaining the political will of the countries of the Region for adopting food safety programs and promoting coordination and integration with producers and consumers. This high-level commission is integrated by Ministers of Health and Agriculture and producers’ and consumers’ representatives from the countries of the Americas.

<sup>6</sup> RIMSA is the only regional forum for collaboration and coordination on issues related to veterinary public health, with the participation of the Ministers of Health and Agriculture from PAHO Member States. Through RIMSA, PAHO receives the political support necessary to develop technical cooperation in these countries, in that area.

## II. IMPLEMENTATION & BUDGET

**6. Who will take the lead in implementing this PPG? If particular national experts and/or international consultants are proposed, attach a copy of their Curriculum Vitae and record of achievements (Appendix 2). If no names are provided, the STDF will provide a shortlist of consultants if the PPG request is approved.**

Panaftosa and the WHO Collaborating Centre (Health Canada) will act as secretariat for this initiative. Panaftosa, as the PAHO's specialized centre on food safety for the Americas will take the lead in liaising with each of the participating countries and will deal with technical issues related to laboratory capacity. Health Canada, as the WHO Collaborating Centre will take the lead on the technical aspects of the development of the proposal and capacity questionnaires.

**7. In the table below, briefly describe the main activities to be carried out under this PPG and specify who would be responsible. Provide an estimate of the budget required (e.g. for national/international expertise, travel and DSA of consultants, stakeholder meetings or workshops, general operating expenses, etc.).**

The funds requested will be used for a workshop of Latin American and Caribbean representatives (that wished to participate in this process) and international experts (Health Canada as a potential WHO Collaborating Center, WHO and PAHO) to collaborate on a strategy to improve the capacity to conduct chemical risk assessment. In addition, funds will be used to further identify the capacity, training and laboratory needs in the participating countries, including those countries that do not have the capacity to conduct in a region wide total diet study.

Activity	Responsible	Estimated Budget (US\$)
Review of current dietary consumption survey data specific to the countries of interest	WHO Collaborating Centre, Panaftosa	In kind
Evaluation of additional capacity and training needs (incl. laboratory capacity) -Includes development of survey instrument, review of comparable surveys, translation (\$3K), analysis and options development as well as an <i>in situ</i> evaluation of laboratories (\$4.3K Aruba and Nicaragua travel expenses)	Panaftosa/PAHO	7,000.00
Development of sample size/power calculations for a multi-centre Total Diet Study	WHO Collaborating Centre	In kind
Workshop: Development of a full STDF proposal and prioritizing chemical contaminants of interest. Workshop location to be determined, to be held	Panaftosa/PAHO	32,842.00

Activity	Responsible	Estimated Budget (US\$)
over 5 days. -Including travel for 12 representatives {Flights, \$11K, Lodging and meals \$16.4K, simultaneous translation \$3,7K, and meeting costs (auditorium, audio-visual equipment, printing, coffee-breaks, transportation for Labs and kitchen visit) at \$1.7K}.		
Development of a regional total diet study strategy (incl. translation costs)	Workshop participants	4,800.00
Indirect support costs (12%)		5,358.00
Total		50,000.00

**Start date: 03 August 2015**  
**End date: 31 December 2015**

For evaluation of the laboratory capabilities of participating countries we will take advantage of knowledge gathered by Panaftosa since 1997 as coordinator of the Inter-American Network of Food Analysis Laboratories/INFAL (155 labs from 30 countries, including the main government laboratories from Latin America and Caribbean countries (<http://www.panalimentos.org/rilaa/>), complemented with a survey on specific analytical capabilities needed for the TDS: methodologies for analyte/matrix combinations, limit of detection and quantification, internal quality control, proficiency testing, uncertainty of measurement, accreditation under ISO/IEC 17025, etc. Due to Aruba and Nicaragua are having little participation in the INFAL's activities and have not been visited since several years ago, it is necessary to carry out an in situ evaluation.

## **Appendixes**

**Appendix 1:** Letters of support from each of the organizations supporting this proposal.

- Department of Public Health – Aruba – Drs. N. Doolabi-Geerman
- National Institute of Health, Risk Assessment Group in Food Safety – Colombia – Fernando Pío de la Hoz
- National Institute of Hygiene, Microbiology and Epidemiology – Cuba – Dr. Disnardo Raúl Pérez González
- Ministry of Health, Public Health SubSecretary – Chile – Dr. Jaime Burrows Oyarzún
- Department of Agriculture, Quality Control Division – Dominican Republic – Vinicio Tejada Suarez
- Ministry of Health – Office of the Permanent Secretary – Jamaica – Dr. Jean Dixon
- Office of Public Health, Department of Health, Suriname – Dr. Duncan Noter
- Ministry of Public Health – Uruguay – Dr. Susana Muñiz
- Health Canada - Food Directorate: Dr. Samuel Godefroy.
- Pan American Health Organization, Pan American Foot and Mouth Disease Center – Dr. Ottorino Cosivi
- World Health Organization - Department of Food Safety and Zoonoses – Dr. Philippe Verger

**Appendix 2:** Curriculum Vitae and record of achievements for any consultants proposed to implement this PPG.

Jorge Torroba – Panaftosa, PAHO

Adam Probert – Health Canada

**Appendix 3:** Timetable