



FAO/WHO Regional Conference on Food Safety for Africa
Harare, Zimbabwe, 3-6 October 2005

**ZIMBABWE CONFERENCE ROOM DOCUMENT ON NATIONAL FOOD SAFETY
SYSTEMS: A SITUATIONAL ANALYSIS**

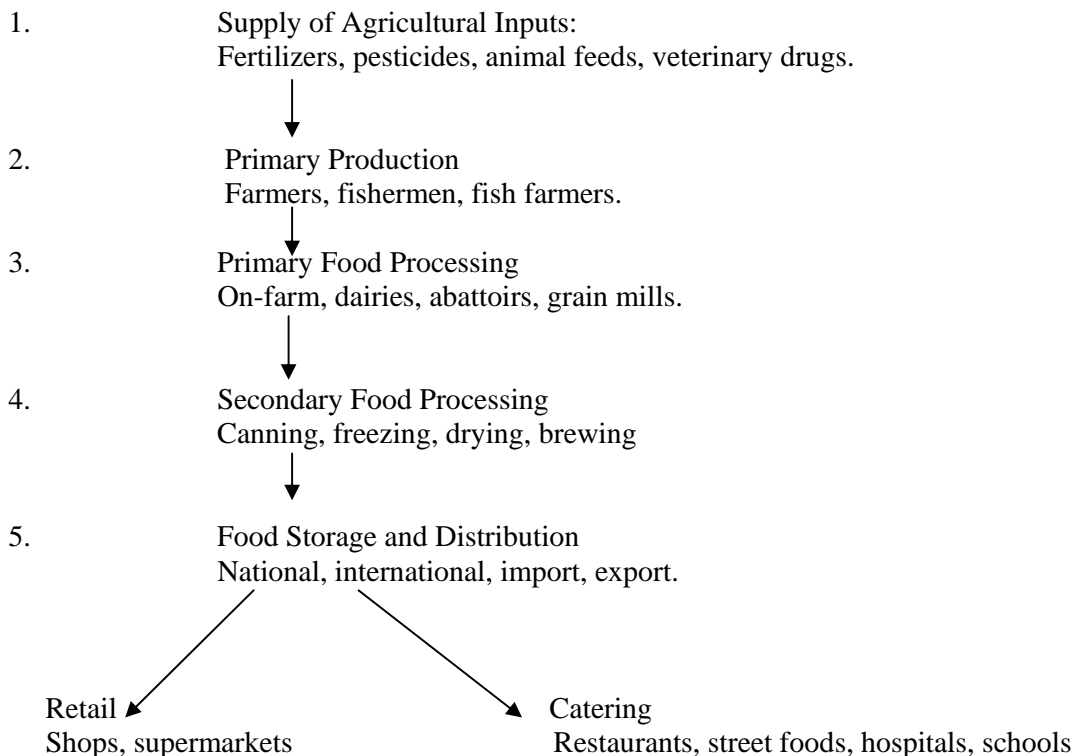
(Prepared by Government Analyst Laboratory and Conference Technical Sub-committee)

1. OVERVIEW OF FOOD SAFETY SYSTEM IN ZIMBABWE

1.1 Chain of Food Production

Ensuring food safety requires action and cooperation of all individuals involved in the food supply chain from suppliers of agricultural inputs to those preparing food at domestic level. This is aptly conveyed by the expressions, 'from the stable to the table' and from the field to the plate. The diagram below shows the food supply chain. It is important that a country takes measures at each of the five stages of the food supply chain in order to have a holistic approach to the issue of food safety. However, in Zimbabwe like in most developing countries, there is less focus on food safety at stages 1 to stage 3.

FOOD SUPPLY CHAIN



It is in stages 4 and 5 where most food-borne diseases occur as a result of incorrect handling and preparation of foods. In Zimbabwe various organizations are involved in food safety at different levels of the food supply chain. A number of different pieces of legislation are used by the different organizations to ensure food safety although the activities are fragmented. The table below summarizes the activities of the said organizations.

Table 1. Institutional and legal tools used to monitor food safety at different levels of the food supply chain in Zimbabwe

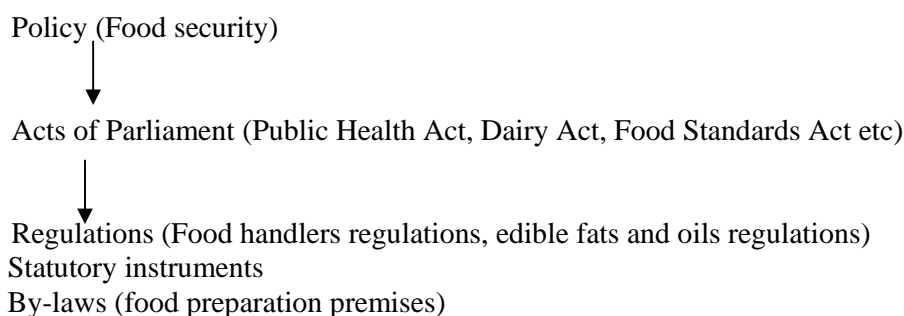
Stage of food supply	Potential Hazard	Organization monitoring	Legislation Used
1. Agricultural inputs Fertilizers Pesticides Veterinary drugs	Contaminated water, pastures, GM inputs	Biosafety Board of Zimbabwe	Research Amendment Act 1998.
	Banned pesticides	R&SS, Hazardous substances(MOHCW), GAL	Public Health Act Ch 15:09
	Residual drugs	Veterinary Dept	
2. Primary production	Biologicals in GM foods	Biosafety Board of Zimbabwe	Research Amendment Act 1998
3. Primary food processing	Physical, biological, chemical	MOHCW(Environmental Health Dept), GAL, Local Authorities	Public Health Act Chapter 15:09
4. Secondary Food Processing	“	Local Authorities, MOHCW	Food and Food Standards Act
5. Food Distribution	Physical biological and chemical	MOHCW(Port Health Dept) Local Authorities, GAL, Biosafety Board of Zimbabwe	Public Health Act Ch 15:09, Food and Food Standards Act Ch 15:04, Research Amendment Act
6. Retailing and Catering	Physical, biological Chemical	MOHCW (Environmental health dept), Local Authorities, GAL.	Public Health Act, Food Standards Act, By-laws

GAL- Government Analyst Laboratory
MOHCW- Ministry Of Health and Child Welfare
R&SS- Research and Specialist Services

The table above shows that emphasis is placed on monitoring some primary food processing and most food distribution and catering of unprocessed and processed food.

1.2 Institutional, Legal and Policy Framework

The legal and policy framework is shown in the diagram below.



As mentioned before, several items of legislation have been enacted and are in use to control food safety by various institutions. In 1996 the Government of Zimbabwe adopted the policy of ensuring food and nutrition security as a basic right for all citizens. Food security entails ensuring adequate supply of safe palatable uncontaminated and wholesome food. The Food Standards Advisory Board (FSAB) was also established in the same year. The FSAB is made up of representatives of, Ministry of Agriculture, Ministry of Industry and Commerce, Ministry of Health, local authorities, food industry, Standards Association Of Zimbabwe and the Consumer Council of Zimbabwe. The Deputy Chief Government Analyst responsible for Food Safety Control is the secretary of the board. The FSAB advises the Minister of Health when formulating food safety laws such as the Food and Food Standards Act. FSAB board members work on a part time basis and are paid a meager sitting allowance. It has no operating budget and meets at least three times a year. Since there is no incentive, it is very difficult to form a quorum and sometimes meets once a year. Because the FSAB has no authority to enforce food laws, efforts are under way to establish the Food Safety Control Authority (FSCA). The FSCA will bring together inspectors in provinces and at ports of entry, meat and plant inspectors, veterinary and dairy services as well as the food and water laboratory. These arms are currently working independent of each other. The FSAB has worked to harmonize national food standards with the international codex standards. Its activities have seen the revision of the Food and Food Standards Act Ch.15.04, Public Health Act, Animal Health Act, The Dairy Act and the Fruit Marketing Act. Other complimentary acts in food safety control include: Trade Measures Act and Urban Councils Act. The Ministers administering the respective laws are empowered to issue regulations to control food safety such as the food handlers regulations that requires food handlers to have health certificates. The Urban Councils act empowers local authorities to inspect premises where food is prepared and sold. These regulations are loosely used to control informally distributed (street vended foods). There is need for training of all food handlers in the informal food distribution sector. In addition, criteria have to be set for registering and licensing of food vendors. Their licenses must have expiry dates and there must be re-registering and re-licensing audits.

1.3 Human Resource Capacity

Although various institutions of learning churn out highly qualified graduates for the food sector, the current economic situation in the country has resulted in a huge brain drain to the private sector, neighbouring countries and abroad. A typical example is the port health department where 10 out of 16 border posts have only one or no trained staff to inspect imported food. The posts are sometimes open round the clock and officers work without rest. The other departments involved in food safety control such as environmental health department and GAL have not been spared as they experience high staff turnovers. Each province normally has two health education officers each having to cover four or five districts making IEC activities very difficult. IEC campaigns are very important in rural areas where outbreaks of dysentery, anthrax and cholera occur yearly and these campaigns are the most effective way to stop their spread.

1.4 Food Standards and Technical Regulations

Food standards in Zimbabwe are being revised by the FSAB to harmonize them with Codex standards. The problem is that the FSAB does not meet often enough which hampers progress in discussing the standards. The SAZ is another organization which is involved in making standards. They are harmonizing their standards with regional and international standards. Currently there are 51 regulations that have been produced from the food acts mentioned before. Some of the regulations are: canned and powdered soups regulations, condiments regulations and edible fats and oils regulations. See attached Annex for a list of regulations available in Zimbabwe. Because of limited capacity, not much work has been done to base the standards and regulations on sound scientific evidence of risk analysis. It is hoped that the FSCA will take up this issue when it comes into existence.

1.5 Food-Borne Disease Surveillance

Data for a few food-borne diseases is currently collected in the context of hospital and clinic based disease surveillance. Cases of cholera, dysentery and anthrax are reported through the hospital and clinic based weekly disease surveillance system. Other food-borne diseases are reported as general poisoning and diarrhoea cases in the monthly T5 reporting system. There is a need to establish a laboratory based surveillance system for food-borne pathogens and toxins. Nurses will have to be trained on how to investigate cases of food poisoning as well as to report them accurately and not just as diarrhoea cases. The FSCA can act as the reference laboratory for such investigations. It can also take the responsibility for analysing statistics and recommending control and preventive measures in food hazard outbreaks. It is recommended that the T5 forms be amended to allow for capturing of specific information on food-borne diseases not just as poisoning and diarrhoea as is the case in its current form. The Biosafety Board of Zimbabwe have a mandate to record and compile data on incidences of GM associated diseases that can be reported to them.

1.6 Laboratory Services

The Government Analyst Laboratory provides services in analysis of food and water samples for physical and chemical hazards and limited microbiological hazards. Laboratories at district and provincial hospitals usually analyse stool specimen and water samples for microbiological hazards but also to a limited extent. Analyses are usually for *salmonella*, *shigella*, *staphylococcus aureas* and *faecal coli*. They analyse on request from doctors and nurses, but the investigations are not done often except when outbreaks occur. The GAL analyses food samples for compliance with food and food standards regulations. The laboratory has limited capacity since most of the equipment is very old, often breaks down and has outlived its intended lifespan. The laboratory is still trying to attain ISO 17025 accreditation status, a project that was once sponsored by FAO but was not seen to completion. Efforts are still ongoing to make the laboratory compliant with ISO 17025 requirements for competency with accreditation to be sought later. Other analyses the lab is unable to carry out presently include detection of genetically engineered/modified (GM) foods. The veterinary and dairy laboratories are the other government laboratories that carry out analysis of residual veterinary drugs and other contaminants in meat and dairy products respectively.

The Standards Association of Zimbabwe (SAZ) is a non-profit making, non-governmental organization operating under the Zimbabwe Companies Act with its own Articles and Memorandum of Association. Within its Technical Services Divisions are laboratories, based in Harare and Bulawayo, involved in the chemical and microbiological testing of foods, beverages and their raw materials. SAZ laboratories also provide services for taking and testing of swabs to assess the effectiveness of cleaning and sanitization processes. Being third party laboratories, tests by SAZ are ideal in cases of doubts and disputes.

SAZ services are open to producers and consumers on either the Product Mark Certification Scheme (PMCS) or the Ad-Hock Scheme (AHS). For the PMCS, samples from factory inspections or market surveillance are tested for compliance with relevant SAZ Standard Specifications whilst tests for AHS are tailored to meet customers' requirements. Manufacturers on the PMCS are issued with licenses to display the SAZ logo on their packaging.

SAZ laboratories have put in place systems complying with ISO/IEC 17025 and have applied for accreditation with the South African National Accreditation System. Like the GAL, the SAZ project was initially funded by the FAO but is now being funded from SAZ's own resources.

Whilst SAZ provides credible testing services, there is a need for hard currency funding to continuously upgrade its facilities in line with technological developments especially in GC/HPLC Mass Spectrometry and Laboratory Information Management Systems.

The Tobacco Research Board is a private organization that also offers services in food and water sample analysis. Its laboratory has the capacity to detect GM foods. The problem in GM food detection is that it is not carried out routinely. Zimbabwe's policy is that GM food is not permitted unless in emergency situations where one needs to obtain a permit to import GM. The permit is applied for at the Biosafety Board which takes samples to TRB labs for analysis to confirm that it is GM food. Such food must be imported milled or else milled on arrival in the country under supervision of the Biosafety Board. It is also a requirement that such food must be labelled so that consumers can have a choice of whether or not to eat GM food. The Biosafety Board needs to work closely with immigration and port health officers to ensure routine checking of imported foods. It is also recommended that the GA laboratory must acquire capacity to test for GM foods. Risk analysis done by the Biosafety Board is based on data in literature. There is need to do risk analysis based on locally acquired scientific data since conditions differ from those in developed countries where the data comes from. Zimbabwe needs to be pro-active in averting food related dangers rather than wait for information on such dangers to come from other countries. To this effect it is important to channel a lot of resources into research.

1.7 Food Inspection

The Ministry of Health and Child Welfare and local authorities have environmental health officers who conduct food inspections in various parts of the country. They are empowered by the Public Health Act Ch 15:09 and the Food and Food Standards Act Ch 15:04 to inspect premises where food is sold or prepared and to collect food samples. They also monitor imported and exported food. The environmental health officers work under the Provincial Medical Directors (PMD) in provinces and under medical officers of health in towns. Samples are sent to the Government Analyst Laboratory where tests and analyses are carried out. The Government Analyst Laboratory although under the Ministry of Health and Child Welfare operates independent of the PMDs and City Health departments. The veterinary department under the Ministry of Agriculture is responsible for meat inspection activities. Although food manufacturers in Zimbabwe have codes of conduct for safe food manufacture, following of these is voluntary. Health inspectors pay occasional visits to food industries. They collect samples of food and send them to the Government Analyst Laboratory for analysis to determine compliance with the Food and Food Standards Act. The prosecution chain is however a let down. Either it is very long and the penalty is negligible or such prosecutions are not publicized. Prosecutions if publicized will serve as deterrence to would be offenders. There is need to impose deterrent penalties on offending companies. The Ministry of Health and Child Welfare is in the process of drafting food hygiene legislation for all those involved in food manufacture and sale. It is also noted that ISO standards are voluntary. The FCA when established is meant to bring together all inspection and analytical services under one organization.

1.8 Communication

The health education sector is seriously understaffed. In most provinces one education officer may have to cover 4 to 5 districts in IEC campaigns in food safety. This makes their work extremely difficult. Other organizations such as Consumer Council of Zimbabwe (CCZ) are in existence which also carry out consumer education in food safety but are limited in capacity because of lack of funding. There is need to educate people in matters of food safety. Some mentalities like, one expects to get a diarrhoea at a wedding or funeral grouping need to be removed from people's minds so that it can be taken as a serious case of food poisoning worth investigating. It is recommended that CCZ takes a leading role in consumer awareness campaigns. They could make flyers, pamphlets, print and electronic media campaigns to put across

messages of food safety. The Ministry of Education could also include food hygiene and safety in their extra-curriculum activities. Headmasters could play an important role in educating school children on the dangers of buying or eating street foods. CCZ could source some funds from industries for social marketing of food safety.

The Ministry of Health and Child Welfare could propose some national annual food safety days to highlight importance of food safety in the country.

1.9 Training

There is no national agenda in food safety training. Several institutions are available though for on-going training of personnel in the food sector. The Ministry of Health has a programme for training environmental health technicians at the Bulawayo Polytechnic. There are plans to identify an institution in the country to run a course in food safety. All food handlers will be required to undergo this training. The private sector has not been forthcoming in assisting in training of personnel in food control financially. However, most universities and polytechnic colleges in the country have food science departments where students can further their education in food disciplines. These include University of Zimbabwe Institute of Food and Nutrition Sciences, Chinhoyi University Food Science department, Masvingo technical college and National University of Science and Technology among others. HACCP systems are usually adopted on ad hoc basis and there is no compulsory requirement for industries to have it. The Standard Association of Zimbabwe is one institution that offers training in HACCP. There are gaps in food safety training in Zimbabwe in terms of equipment used, personnel, curricula as well as capacity. There is a need to introduce the aspect of food safety at different levels of the food supply chain. This includes imparting knowledge of food safety to agricultural extension (Agritex) workers who interact with people at the lowest level of the population.

2. ECONOMIC IMPACTS OF FOOD SAFETY SYSTEM

Zimbabwe has seen an increase in health expenditure from 4.2% in 1995 to 6.7% in 1997 to 12% in 2002 compared to total government expenditure. Medical care costs decreased from 84.0% of total health expenditure in 1999 to 78.0% of total health expenditure in 2002 while preventive health expenditure increased from 9.2% in 1999 to 16% in 2002 (National Health Profile 2002) and 1999). Disease burden increased from 11 million new cases in 1993 to about 15 million new cases in 1998 decreasing to about 10 million new cases in 2002. The decrease could be attributed to the increase in preventive health expenditure. Decreased disease burden could result in increased worker productivity but this cannot be said for Zimbabwe, as other factors have caused a general economic downturn.

Food production and hence availability has been greatly reduced in Zimbabwe. There has been a decrease in staple maize production from 1 400 000 tonnes in 1993 to 190 000 tonnes in 2002 and sorghum from 4 500 tonnes in 1993 to 310 000 tonnes in 2002. An average of 20-25% of food analysed by the Government Analyst Laboratory failed to meet national standard requirements in 1996, 44.5% in 2003 and 36.4% in 2004. Safe water coverage has continued to increase and in 1997 statistics showed that safe water coverage was at 61.5%. Nutritional deficiencies incidence decreased from 5 per 1000 population in 1996 to 3/1000 in 2002. However decreased production and unavailability of food commodities in supermarkets have resulted in serious loss of consumer confidence in food supply. The last two years have seen an increase in informal food vending as foodstuffs not available in supermarkets were found on the black market. In rural areas as much as 198 suspected anthrax cases were reported in 2002. Because of the unavailability of food, villagers are tempted to consume meat from animals dying of bovine anthrax consequently contracting human anthrax.

Export of food has been greatly reduced. Although Zimbabwe has a very good cattle disease control system, decreased national herds due to successive drought seasons has seen a marked decrease in beef exports.

Globally, food safety is regarded a public health priority. Any country without a food safety control system will tend to lose out in terms of trade. There are international food standards being set by organizations such as the Codex Alimentarius Commission, International Plant Protection Convention, International Office of Epizootics (OIE) and the WTO's SPS Agreements. Zimbabwe is a member of these organizations and should be found to have food standards complying. Zimbabwe has not banned some food colourants such as tatzarine which have been banned in other countries. Exporters are likely to have problems when exporting foods containing this colourant. For safety reasons, some countries will not import food whose composition is not declared. For some companies with no patents, this compromises on their formulae and some companies in Zimbabwe have been affected by this requirement. Like other developing countries, Zimbabwe has not had the full capacity to carry out risk analysis which is now required in food trade.

Other tools of controlling food safety in Zimbabwe are codes of hygienic practice and the HACCP system. These systems are usually recommended to food producers like animal food producers. The veterinary department has produced a document on Good Farming Practices to guide farmers to control hazards at farm level which are biological, chemical and physical. Some importers of food products now require to see HACCP plans and complimentary food safety programmes such as ISO 9000 certification, environmental management plans and worker safety and hygiene plans before they can consider buying food products from other countries. This has affected food trade for Zimbabwe hence the need to strengthen the national food safety control systems.

Zimbabwe's food safety control system has not had an impact on the tourism sector which has been greatly affected by negative publicity in the region and abroad. Traditional food in Zimbabwe has not been commercialized, unlike in some other countries where tourists are wowed by advertised traditional dishes.

3. HEALTH IMPACTS OF FOOD SAFETY SYSTEMS

Food-borne disease statistics in Zimbabwe are very limited. The weekly disease surveillance system allows for capturing data on diarrhea, cholera, clinical dysentery and anthrax. Most food-borne diseases cases will be captured as diarrhea or poisoning. The T5 monthly reporting system also gives some statistics but again does not provide specific information on food-borne diseases. There is need to establish a laboratory based surveillance system to be based at district laboratories. Nurses need to be educated on how to investigate food-borne disease cases. Although the Government Analyst Laboratory does some food-borne pathogen investigations this is grossly inadequate as most cases are dismissed at clinic, district hospital and provincial hospitals levels if they are not major outbreak cases. Such statistics will therefore not be representative of the actual situation. The laboratory is also limited in terms of capacity.

Statistics available show that prevalence of suspected anthrax cases was as much as 1. per hundred thousand population in 1999 and 2 per hundred thousand in 2002. Confirmed cholera cases increased by as much as 181% from 1998 to 2002 when prevalence was at 4 per 100 000 population.

Prevalence of diarrhea cases have remained as high as 42 per 1000 population in 1998 and only reduced to 40 per 1000 population in 2002. Prevalence of dysentery cases was reported at 9.0 per 1000 population in 1998 and 7 per thousand population in 2002. The decrease in prevalence of dysentery is attributed to increased safe water coverage due to more spending in preventive sector of health.

3.1 Importance of Local, National and Regional Surveillance Systems

Surveillance systems are very important if maintained well. Year after year, Zimbabwe has been able to contain zoonotic and food-borne disease outbreaks because of good monitoring system although it needs improvement. Mainly anthrax, cholera and dysentery outbreaks have occurred in different provinces. Co-operation between the veterinary department, Home Affairs and Environmental Health Department have ensured that cattle movement is restricted when outbreaks of anthrax or other zoonotic diseases occur. Cholera alert messages are quickly sent to neighbouring provinces when outbreaks occur. Regionally Zimbabwe has had good co-operation with neighbours like Mozambique, Zambia where outbreaks of cholera have occurred. Within the Southern African Development Community (SADC), co-operation exists in terms of assisting each other in case of major outbreaks. A case in point is the issue of the alleged carcinogenic food colourant sudan red. Information came from Zimbabwe's neighbour, Botswana which notified other regional countries resulting in the affected foods being withdrawn from shelves.

Available statistics in Zimbabwe have been used effectively in procuring vaccines before rain season when outbreaks of anthrax are likely to occur. However, financial limitations have often failed the efforts. These statistics have also been used effectively as they have seen the Ministry of Health doubling expenditure on disease prevention activities such as IEC, vaccinations and water quality surveillance.

4. SOCIAL IMPACTS OF FOOD SAFETY SYSTEM

4.1 Food Security and Safe Food

It is important to note that where there is no food security, food safety becomes a second priority to the consumers. In instances where food is not available, villagers have been found to consume anthrax contaminated meat. Outbreaks of bovine anthrax occur in Zimbabwe usually in the rain season. The illness is so sudden and affects fat and healthy looking cattle such that hungry villagers are tempted to consume the contaminated meat putting their lives at risk. Some have washed and eaten insecticide treated maize seed. They have done so despite knowledge given to them by environmental health officers on the danger of consuming such food. In September 1995 the Government of Zimbabwe realized the importance of food and nutrition security as the most basic of needs cutting across several mandates. The then Vice-President S. Muzenda launched an intersectoral task force to formulate policy framework for food security.

The task force was composed of 17 government, private and NGOs which came up with strategies needed to address the paradox of significant numbers of malnourished and food insecure people. The task force saw the birth of the Food and Nutrition Council (FNC). The organization simply plays a catalytic role to coordinate activities of organizations involved in issues of Food and Nutrition security. There are various relief programmes engaged in food distribution, child supplementary feeding, school feeding, distribution of seed packs, free tillage borehole drilling and grain loan schemes. The FNC has developed an institutional policy framework to coordinate these activities. Within the policy is also the issue of food safety. The FNC is represented in the Food Standards Advisory Board (FSAB) which deals with matters of food safety control.

4.2 Food Safety in Emergency Situations

Zimbabwe has experienced successive years of drought. The first was the 1992 drought when the Government spent over \$1 billion on food imports. In 1995 more than 1 million children received supplementary feeding. Up to now the country has had successive years of drought. The country has seen an influx of food supplies through humanitarian organizations. The organizations are not conversant with food safety issues. The HIV/AIDS problem has seen therapeutic feeding formulae coming into the country.

The country has inspection points at ports of entry where port health authority officers take samples of imported food and sent them to the Government Analyst Laboratory for analysis. There are however some loopholes whereby food brought in by rail is not inspected.

Bacteriological and chemical analysis is carried out before the food can be realized at the port. Food inspection is also conducted during storage and distribution in the various provinces. There is a need to expand the capacity of the Government Analyst Laboratory since sometimes a few parameters can be analyzed to determine whether the imported food is wholesome or not contaminated.

Some food might be imported illegally and unsuspecting hungry people will consume the food because of desperation. This is where IEC becomes important.

Some countries export imported foods that they find not to be suitable for human consumption. The GAL has found some imported food in the form of corn soya blend to have high levels of Lead and Zinc. The levels are so high that they violate Codex and national food standard regulations. The food therefore has to be destroyed.

4.3 Gaining Political Will in Food Safety Improvement

The issue of political will in ensuring food security in Zimbabwe has not been a problem especially with top level politicians.

This is evidenced by various efforts by politicians to ensure food security and safety. The Vice-President launched the formation of the Food and Nutrition Council in 1995. The President opened the 3rd Africa Food and Nutrition Congress in Harare in 1988. The Minister of Health and Child Welfare opened both the 12th and the 13th Sessions of the Codex Coordinating Committee for Africa in 1996 and 1998 respectively. In 1983 the Food Safety and Quality Control Committee was formed from stakeholders under the Ministry of Health. This resulted in revision of the Food and Food Standards Act and establishment of the FSAB.

The Minister of Health and Child Welfare appoints the board members of FSAB. This relationship facilitates lobbying of food legislation in Parliament. It will be beneficial if people involved in IEC could take advantage of political help to spread information on food safety. Politicians can be reminded that they stand to gain people's confidence if they help to provide wholesome and uncontaminated food. Food insecurity can seriously damage a politician's reputation among the electorate. Problems sometimes arise in trying to implement food safety measures at grass roots levels. Low level politicians can resist if the food safety measures disturb economic benefits. Environmental health inspectors have at times encountered resistance when trying to shut down small food manufacturing industries initiated by politicians for the people but operating under unhygienic conditions. Such politicians have little knowledge of food safety and need to be educated on the dangers of food poisoning.

5. RECOMMENDATIONS.

- 5.1 The Minister of Health and Child Welfare could facilitate signing of the Food Control Authority Bill so that the authority can come into existence.
- 5.2 In the interim, it is necessary to increase sitting allowance for FSAB members, to motivate them to attend meetings and discuss food laws.

- 5.3 The epidemiology department of the MOHCW and FSAB should get together to decide on how to amend the T5 form so that it includes details in cases of food-borne diseases.
- 5.4 The MOHCW should channel more resources to the GAL to purchase new equipment in order for the laboratory to expand its capacity in food sample analysis.
- 5.5 The GAL needs to expand capacity to testing for GMO foods.
- 5.6 Penalties for flouting food safety laws need to be revised by the Minister of Health continuously to ensure that they serve a deterrent purpose to would be offenders.
- 5.7 The CCZ should source some funds to intensify food safety campaigns among consumers particularly social marketing.
- 5.8 The MOHCW is encouraged to propose annual national food safety days to conscientize consumers on food safety issues.
- 5.9 There is need for private sector and FSAB to formulate a national agenda in food safety training.
- 5.10 Zimbabwe needs a clear food safety policy.
- 5.11 African governments must enhance regional cooperation in food safety.

LIST OF CURRENT FOOD ACTS AND REGULATIONS

Part A Regulations

1. Food and Food Standards (Alcoholic beverages) Regulations 2001, SI 25 of 2001 (Advisory Board) Regulating 1995, SI 322 of 1995.
2. Food and Food Standards (Canned Vegetables), Regulations, (1991), SI 30/91.
Food and Food Standards (Flour, Bread and Cereals) (Amendment), Regulations, (1975) (No. 1), RGN 6377/75.
3. Food and Food Standards (Baking Powder), Regulations, (1990), SI 228/90.
4. Public Health (Contamination of Food), Regulations, (1973), RGN 474/73.
5. Food and Food Standards (Canned and Powdered Soups), Regulations (1990), SI 228/90.
6. Food and Food Standards (Citrus Juice and Citrus Drink), Regulations (1970), RGN 182/77.
7. Food and Food Standards (Cocoa and Cocoa Products) Regulations, (1990), SI 225/90.
8. Food and Food Standards (Coffee), Regulations, (1981), SI 50/81.
9. Food and Food Standards (Condiments) Regulations, (1973), RGN 845/73.
10. Food and Food Standards (Condiments) (Amendment) Regulations 1990 No. 1.
11. Food and Food Standards (Condiments) (Amendment), Regulations, (1995), (No.2), SI 69/95.
12. Food and Food Standards (Condiments) (Amendment), Regulations, 2000 No.3.
13. Food and Food Standards (Edible Fats and Oils), Regulations, (1973), RGN 845/73.
14. Food and Food Standards (Edible Fats and Oils) (Amendment), Regulations (1990) (No. 3), SI 101/90.
15. Food and Food Standards (Edible Fats and Oils) (Amendment), Regulations (1974), (No. 1), RGN 839/74.
16. Food and Food Standards (Edible Fats and Oils) (Amendment), Regulations, (1974), (No.2), RGN 218/79.
17. Food and Food Standards (Food Analysis), Regulations, (1971), RGN 792/71.
18. Food and Food Standards (Forms of Notice) (Amendment), Regulations (1972), (No.1), RGN 365/72.
19. Food and Food Standards (Open Date Labelling), Regulations, (1990), SI 102/90.
20. Food and Food Standards (Open Date Labelling), Regulations, (1991), SI 268/91.
21. Food and Food Standards (Flour, Bread and Cereals), Regulations, (1972), RGN 1211/72.
22. Food and Food Standards (Flour, Bread and Cereals) (Amendment), Regulations, (1975), (No.1), RGN 637/75.
23. Food and Food Standards (Flour, Bread and Cereals) (Amendment), Regulations, (1990), (No.2), SI 100/90.
24. Food and Food Standards (Fish and Fish Products) (Amendment), Regulations, (1991), (No.1), SI 28/91.
25. Food and Food Standards (Fish and Fish Products), Regulations, (1990), SI 104/90.
26. Food and Food Standards (Margarine), Regulations, (1973), RGN 289/73.
27. Food and Food Standards (Margarine), (Amendment), Regulations, (1973), (No.1), RGN 604/73.
28. Food and Food Standards (Meat and Preparations of Meat), Regulations, (1975), RGN 82/75.
29. Food and Food Standards (Meat and Preparations of Meat), (Amendment), Regulations, (1976), (No.1), SI 13/76.
30. Food and Food Standards (Preserves, Table-jelly, and Honey), Regulations, (1975), RGN 42/75.
31. Food and Food Standards (Preserves, Table-jelly, and Honey), (Amendment), Regulations, (1990), (No.1) SI 40/90.
32. Food and Food Standards (Pasta Products), Regulations, (1991), SI 149/91.
33. Food and Food Standards (Peanut and Peanut Products), Regulations, (1990), SI 99/90.

34. Food and Food Standards (Pickles), Regulations, (1990), SI 226/90.
35. Food and Food Standards Food Additives and Prohibited Substances), Regulations, 2001 SI 136 of 2001.
36. Food and Food Standards (Poultry, Poultry meat and Poultry Products), Regulations, (1990), SI 103/90.
37. Food and Food Standards (Sugar and Allied Products), Regulations, (1974), RGN 838/74.
38. Food and Food Standards (Sugar and Allied Products), (Amendment), Regulations, (1975), (No.1), RGN 544/75.
39. Food and Food Standards (Soft Drinks), Regulations, (1977), RGN 181/77.
40. Food and Food Standards (Soft Drinks) (Amendment), Regulations, (1990), (No.1), SI 42/90.
41. Food and Food Standards Regulations, 1990 (Various): Correction of Errors, SI 143/90.
42. Food and Food Standards (Vinegar), Regulations, (1975), RGN 974/75.
43. Control of Goods (Bread Prices) Order, (1984), SI 378/84.
44. Public Health Act (Condemnation of Foodstuffs), Regulations, (1948).
45. Dairy Regulations, (1977), RGN 886/77.
46. Control of Goods (Bread Prices) (Repeal) Order, 1993, SI 127/93.
47. Public Health (Metal Content in Food Vessels), Regulations, (1971), RGN 964/71.
48. Trade Measures (Sale of Articles) Regulations, (1989), SI 56/89.
49. Water (Waste and effluent Disposal/Regulations 2000 SI 274.
50. Food and Food Standards (Natural Mineral Water and Bottled Drinking Water) Regulations, 2002 SI 263/2002.
51. Food and Food Standards (Natural Mineral Water and Bottled Drinking Water) (Amendment), Regulations 2004.

Part B

Acts

1. Food and Food Standards Act 15:04
2. Public Health Act 15:09
3. Dairy Act 18:08
4. Water Act 20:24
5. Animal Health Act 19:01

SI means statutory instrument, and RGN means Rhodesia Government Notice.

Note: * These regulations are used in conjunction with the Food and Food Standards Act CAP 15:04.

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