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Food Safety Laws and Implementation Procedures of Pakistan and the International Health Regulations 2005

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Abstract:

The article systematically investigates and evaluates the regulatory landscape of food safety in Pakistan, focusing on the enforcement mechanisms governed by International Health Regulations 2005 and Codex Alimentarius. The research objectives encompass a critical examination of Pakistan's adherence to these international frameworks, identification of challenges in implementation, and exploration of the consequences arising from non-compliance. To address these objectives, the study formulates specific research questions, probing into the efficacy of regulatory enforcement, budgetary constraints affecting implementation, and the lack of uniformity in food laws across provinces. Methodologically, the research relies on an analysis of the International Health Regulations 2005 and Codex Alimentarius, coupled with a comprehensive review of Pakistan's participation in the "Joint External Evaluation Assessment." Findings underscore critical issues, notably the significant challenge posed by budget limitations, hindering effective implementation. Moreover, the absence of uniform food laws across provinces, coupled with disparate regulatory bodies at provincial and federal levels, contributes to confusion. The article advocates for urgent harmonization of food regulations nationwide, aligning them with international standards. Such alignment not only fulfills Pakistan's commitments under International Health Regulations 2005 but also mitigates the risk of foreign restrictions, as witnessed during the COVID-19 pandemic.

Keywords: Pakistan, Codex Alimentarius, food safety laws, international health regulations, food safety authorities, development budget

INTRODUCTION

For a long time after independence, food safety was not a priority for Pakistan. Pakistan's constitution does not explicitly protect the right to health (The Constitution of the Islamic Republic of Pakistan, 1973: 8-28). Most essential rights fell under the umbrella of civil and political rights prior to the 18th Amendment. The right to education has now been recognized as a fundamental human right (Eighteenth Amendment Act, 2010: 9) as a result of the Amendment; nevertheless, the right to health has not been addressed. Apart from the right to education, the Constitution mentions

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socioeconomic rights in two places. Social justice is explicitly mentioned as one of the five principles governing the democratic state in the Objectives Resolution, which serves as the preamble to the Constitution. Furthermore, Articles 25 and 38 (d) of Chapter 2, Part II entitled Principles of Policy relate to 'Citizen Equality' and 'Promotion of social and economic well-being of the people,' accordingly (Eighteenth Amendment Act, 2010: 2A). Article 9 on 'Personal Security' and Article 14 on 'Inviolability of Man's Dignity' are two other articles that are relevant to health.

The initial food-related legislation, known as the Pure Food Ordinance, was promulgated in 1960 and subsequently adopted by the provinces. However, from that point until 2007, there were no substantial efforts or notable advancements in the realm of food regulations in Pakistan. In 2007, Pakistan took a significant step by becoming a signatory to the International Health Regulations (IHR- 2005). Subsequently, the 18th Amendment was introduced, which notably did not explicitly include health as a specific legislative subject in the Constitution. Nevertheless, various topics related to health were referenced within the legislative lists of the Constitution, suggesting an implicit recognition that food falls within the jurisdiction of the provinces.

The 18th Amendment of the Constitution, 1973 was enacted with the goal of ensuring the efficient implementation of the health and food provisions at the grass root level. However, even after approximately 15 years, we find ourselves in a state of uncertainty and confusion regarding what actions need to be taken and the methods through which they should be executed. Capitalizing on these gaps within legislative lists, both the federal and provincial authorities have introduced numerous food regulations, yet none of them fully align with the standards set forth in the IHR-2005. IHR-2005 has a fundamental goal of ensuring that all nations possess the capacity to detect, evaluate, report, and address public health incidents. To achieve this objective, countries are encouraged to implement measures that bring their food and health sectors in line with World Health Organization (WHO) standards.

Despite Pakistan's accession to IHR-2005 in 2007, the question remains: why is our food safety system still not in harmony with IHR-2005 and Codex Alimentarius standards? This research aims to address this core question and shed light on the barriers hindering the adoption of international standards in practice. Furthermore, this article engages in an examination of food safety laws and standards adopted by food safety, with a focus on IHR-2005 and Codex Alimentarius. The objective is to identify gaps and challenges within the health and food sectors. The article aims to examine, critique, and evaluate food safety laws and the authorities responsible for enforcing them in Pakistan.

RESEARCH METHODOLOGY

The research is mainly qualitative and employs descriptive and analytical tools. The research relies on both primary and secondary sources in order to analyze the International Health Regulations 2005 and Codex Alimentarius, coupled with a comprehensive review of Pakistan’s participation in the “Joint External Evaluation Assessment.”

THEORETICAL FRAMEWORK

This study is anchored within a robust theoretical framework, employing the International Health Regulations 2005 and Codex Alimentarius as the foundational pillars for examining, critiquing, and

evaluating the landscape of food safety laws and their enforcement mechanisms in Pakistan. By utilizing these international frameworks, the study addresses the potential emergence of health emergencies, particularly those related to diseases or pandemics. The fact that Pakistan became a signatory to the International Health Regulations in 2007 is pivotal, and the subsequent participation in the "Joint External Evaluation Assessment" positions the research uniquely, being the first country in the Eastern Mediterranean Regional Office (EMRO) region to achieve this milestone. The theoretical lens provided by these frameworks enables a comprehensive analysis, revealing critical areas requiring improvement, such as challenges in effective implementation due to budget limitations, lack of uniformity in food laws across provinces, and the existence of separate regulatory bodies at both provincial and federal levels. The study's call for the harmonization of food regulations nationwide is rooted in the need to align with international standards, fulfilling not only Pakistan's obligations as a signatory but also mitigating potential foreign restrictions witnessed during the COVID-19 pandemic.

DISCUSSION

International Health Regulations - 2005

The IHR-2005 has the primary objective of aiding all nations in preventing the transmission of diseases, including public health crises and challenges (The International Health Regulations: 3rd Edition, 2005). The WHO's "International Sanitary Regulations" (The International Sanitary Regulations: WHO, 1951) were revised and renamed as "the International Health Regulations" (IHR) in 1969. To address the evolving and escalating risks associated with the international transmission of infectious diseases, the Regulations underwent substantial revisions over a span of ten years, concluding in 2005. The revised Regulations were endorsed by the Member States of the WHO during the 58th World Health Assembly on May 23, 2005. In accordance with the WHO's Constitution, these Regulations officially came into force on June 15, 2007, and are now legally binding for 194 States Parties globally (International Health Regulations: WHO, 2005). The IHR-2005 has a broad objective and scope, encompassing virtually all significant public health hazards with the potential threat to spread across international borders. According to Article 2, the purpose and scope of the Regulations are: "To prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade."

The IHR-2005 provides State Parties with rights and obligations in the areas of "national and international surveillance", assessment, "public health response", "health measures applied by States Parties to international travelers", "public health at international ports, airports, and ground crossings" (collectively referred to as "points of entry") (Pakistan National Action Plan for Health Security (NAPHS): Report, 2018).

However, in order to effectively carry out the duties of the IHR-2005, each state must have a sufficient legal framework. In several States, it is often necessary for the relevant authorities to secure approval for the implementation of IHR-2005 within their domestic jurisdiction and legal framework. Even when not explicitly mandated by the "legal system of the State Party," the States

may still consider the adoption of new or revised laws, regulations, or other protocols to facilitate the implementation of IHR-2005 activities in a more efficient and effective manner.

It is essential to note that every State Party is obligated to adhere to the IHR-2005 since their adoption in 2007. Provided they meet their responsibilities under the Regulations, the IHR-2005 does not explicitly mandate State Parties to enact or amend domestic legislation related to these Regulations. A potential advantage of such legislation is that it could enhance continuity by streamlining the necessary collaboration among the various institutions engaged in implementation. Consequently, States Parties to the IHR-2005 should contemplate reviewing their existing pertinent laws to determine whether revisions are necessary to facilitate the comprehensive and effective implementation of the Regulations (International Health Regulations: WHO, 2005).

Annually, State Parties to the IHR-2005 are required to conduct self-assessments of their essential core capacities for disaster planning and response. This self-assessment is carried out using the "State Party Self-Assessment Annual Reporting (SPAR)" tool, which utilizes 24 indicators covering 13 capacities. This approach within the nation promotes an active, multi-sectoral monitoring, evaluation, and planning process. It also seeks to underscore the responsibility and commitment of Member States to enforce the IHR-2005 with the goal of safeguarding an additional one billion individuals from health crises. Given that the IHR-2005 had a "cross-sectoral" reach, the evaluation involved diverse stakeholders from both the health and non-health sectors. However, due to the novel nature of the IHR-2005 concept in the country, only the public sector opted to participate, leading to an underrepresentation of development partners, community-based organizations, civil society, and the business sector.

The Ebola outbreak that occurred from 2014 to 2015 brought about significant changes in the implementation of IHR-2005 concerning responses to infectious disease threats. In 2015, 69 countries united with a common goal to address global health challenges. There was widespread consensus regarding the pressing necessity to address deficiencies and enhance "prevention of infectious diseases," "early detection," and "efficient response." Consequently, the "Global Health Security Agenda (GHSA)" was established as a cornerstone for implementing IHR-2005 (Roberts & Mirza, 2019). IHR-2005 essentially mandates that all nations have the capacity to perform the following:

- Detect: Ensure that laboratories and surveillance systems are capable of spotting potential dangers.
- Evaluate: Engage in international cooperation to make decisions during public health emergencies.
- Report: By participating in a network of National Focal Points, report not only specific diseases but also any potential global public health crises.
- React: Respond to incidents related to public health.

IHR-2005 also provides guidelines for actions that countries can implement at ports, airports, and land border crossings to minimize the transmission of health risks to neighboring countries and prevent unwarranted travel and trade restrictions. Consequently, it primarily falls within the jurisdiction of the signatory states to undertake all necessary measures to achieve the stated objectives.

Implementation in Pakistan

On June 15, 2007, Pakistan signed the IHR-2005. Initially, Pakistan's progress in achieving the core capacities was deficient. However, in early 2014, there was a shift in momentum when the "Ministry of National Health Services Regulations and Coordination" designated "IHR focal persons," and the establishment of "Disease Surveillance and Response Units (DSRUs)" took place. In 2014, the responsibility for overseeing the implementation of IHR-2005 was assigned to the "National Institute of Health" (NIH) by the "Ministry of National Health Services Regulations and Coordination (M/o NHSR&C)." During the same year, the Ministry also issued a notification to establish the multi-sectoral national International Health Regulations Task Force, tasked with conducting a swift assessment of the International Health Regulations Core Capacities.

As a member of the IHR-2005, Pakistan organized nationwide meetings in 2016 with the aim of increasing awareness about the "Global Health Security Agenda (GHSA)" as a framework for IHR-2005 implementation. Simultaneously, the WHO finalized the Joint External Evaluation (JEE) instrument, which will be employed to monitor and assess progress concerning IHR/GHSA. Pakistan volunteered to participate in the "JEE assessment" and achieved the distinction of being the "first country in the Eastern Mediterranean Regional Office (EMRO) region" to complete it. The evaluation played a pivotal role in Pakistan's efforts to expand the implementation of the Global Health Security Agenda. In August 2016, the "Ministry of National Health Services Regulations and Coordination (M/o NHSR&C)" reissued the notification for the multi-sectoral IHR National Task Force. This task force actively encouraged participation from the public sector and development partners. Furthermore, the assessment led to the development of the "National Action Plan for Health Security (NAPHS)."

The primary objective of the NAPHS is to enhance Pakistan's core capacities as defined in IHR-2005, spanning across 19 technical domains outlined in the Joint External Evaluation. In August 2017, the NAPHS was formulated through collaboration with provincial stakeholders, receiving technical support from both the "Centers for Disease Control and Prevention (CDC)" and the WHO. To implement the 5-year plan of IHR/GHSA, the total estimated cost for NAPHS was anticipated to be USD 1 billion. The budget for NAPHS was calculated based on the financial needs associated with the implementation of "International Health Regulations core capacities" at both the federal and provincial levels. Nevertheless, both domestic and international funding have proven to be inadequate to support the full execution of NAPHS. For instance, the NIH, which is responsible for overseeing the core capacities outlined in the IHR- 2005, faces budgetary constraints. Government funding is primarily allocated to meet administrative expenses at the NIH. Additionally, the "National Health Emergency Preparedness and Response Network (NHEPRN)" is dealing with inadequate funding and staffing levels, making it challenging to fulfill its "Emergency Preparedness and Response mandate (EPR)" (Roberts & Mirza, 2019).

When we go in to the deeper analysis of the IHR-2005, it has a very wide scope and with regard to the guidelines and principles of food and health sector IHR-2005 itself does not provide guidelines to be followed while drafting food laws. In other words, we can say that IHR are substantive regulations and for the purpose of detailed rules for food safety, Codex Alimentarius comes into play, which is published by WHO and has been followed by all WHO States and even Pakistan to some extent. Basically Codex Alimentarius provide rules and regulations that are to be followed by

the signatory states of IHR-2005 while promulgating and passing laws and legislations from Parliament.

Codex Alimentarius

The “Codex Alimentarius” is a collaborative endeavor of the “Food and Agriculture Organization of the United Nations (FAO)” and the WHO that was formed in 1963 to harmonize “international food standards”, recommendations, and codes of practice. Although non-binding, Codex standards serve as the foundation for many national food standards and related legislation, with the dual goals of safeguarding consumer health and promoting fair trade practices. The FAO and WHO collaborated to release the Guidelines for Strengthening National Food Control Systems, which includes the Guidelines for Developing a National Food Law as well as additional national legislation-related guidance (Heggum 2002, 463-70).

The "WHO's Agreement" on the "Application of Sanitary and Phytosanitary (SPS) Measures" refers to Codex standards as the "International Reference Point for Food Safety" and emphasizes their global utilization for the purpose of aligning national food safety regulations. When food producers and traders adhere to Codex criteria, consumers can have confidence in the safety and quality of the products they purchase, and importers can have confidence that the food they purchase will meet the requirements (Codex Alimentarius: International Food Standards, 1963).

The standards are adopted by the Codex Alimentarius Commission, or CAC, which now has 188 member nations, the EU as a member organization, and more than 230 observers, including intergovernmental organizations, non-governmental organizations, and United Nations agencies. All Codex members must actively participate in the "legitimacy and universality of Codex standards" are to be maintained.

The recommendations of the Codex Alimentarius are widely recognized as grounded in robust research, even though they lack legal enforceability. In cases of necessity, the World Trade Organization employs Codex regulations to assist in resolving trade disputes related to food or food products. Nearly all national and regional regulations derive their foundation from Codex standards. In essence, the Codex Alimentarius exerts its influence on every continent, and its contribution to public health protection and fair food trading practices is immense. Its official responsibility is to execute the “Joint FAO/WHO Food Standards Program”, the aims of which are:

- Fostering coordination among all international governmental and non-governmental organizations dedicated to food standards.
- To protect consumer's health and guarantee ethical business practices in the food industry.
- To finalize standards and to set priorities.
- To initiate and oversee the preparation of draft standards in collaboration with relevant organizations.
- To amend published standards following a comprehensive assessment in response to developments (Codex Alimentarius Commission: General Requirements (Food Hygiene), 1997).

Codex Standards can be General or Product-Specific

The Codex Alimentarius comprises a multitude of standards, encompassing general standards applicable to all foods, as well as specific standards tailored to individual foods or products. These general standards encompass: Hygiene, Labeling, Import and Export Inspection, Certification Systems, Methods of Analysis and Sampling, Food Additives, Contaminants, and Nutrition and Foods for Special Dietary Uses.

Furthermore, specific standards cover an extensive array of food categories and food products, encompassing items such as "fresh, frozen, and processed fruits and vegetables, fruit juices, cereals and legumes, fats and oils, fish, meat, sugar, cocoa and chocolate, as well as milk and dairy products" (What is Codex Alimentarius? FAO, 2018).

ANALYSIS

Deficiencies in Food Safety Legislation at Federal and Provincial Levels

This section of the article aims to address the following key questions: Are the existing food laws in alignment with IHR-2005? What are the underlying factors that hinder the effective implementation of IHR-2005? After Pakistan became a signatory to IHR-2005, there was a limited initiative concerning food safety regulations and the establishment of functional authorities. While there has been some progress, including the enactment of necessary legislation, the challenge lies in the actual implementation of these laws, which, in turn, impedes the fulfillment of IHR-2005 core capacities. By considering the primary provisions of IHR-2005 and the standards outlined in the Codex Alimentarius, the analysis of food safety laws and regulatory bodies reveals several critical issues.

International Health Regulations and Food Safety Laws of Pakistan

IHR-2005 regulations are inherently broad in scope, placing a fundamental responsibility on signatory states to ensure their capacity to identify, evaluate, report, and address public health incidents and diseases. The specific actions and laws needed to achieve these objectives are at the discretion of each signatory state. To provide a framework for formulating legislation, IHR-2005 offers signatory states the option to adopt or refer to guidelines provided by the WHO and any other relevant international agreements to which the state is a party. This is how the opportunity arises for the standards of the Codex Alimentarius to become relevant. Nevertheless, food standards are solely accessible in the form of federal-level food regulations, with Punjab being the only province that has adopted such standards. The remaining provinces have not yet embraced any food standards or enacted food regulations in this context. Therefore, in light of Codex standards and the criteria outlined in IHR-2005, an analysis of federal laws is conducted as follows:

Pakistan Hotel and Restaurants Act, 1976

There is currently no established implementation process for the provinces. (The Pakistan Hotels and Restaurants Act, 1976: 5) The Act, as per its preamble, applies nationwide, suggesting the need for a standardized implementation procedure across provinces. Presently, all registration and licensing authority is concentrated in the hands of a single controller, which creates vulnerability to corruption in Pakistan. To mitigate this risk, there should be a clear division of responsibilities among multiple authorities. The prescribed penalties are primarily limited to fines, with no

provisions for criminal penalties or imprisonment (The Pakistan Hotels and Restaurants Act, 1976: 22. The inspection procedure outlined requires improvements. It lacks clear guidelines regarding the inspection process and the mandatory elements that must be observed.

Pakistan Standard Quality Control Authority Act, 1996

Provinces are not represented on the Board and Advisory Council (The PSQCA, 1996: 5-6). Considering that the Act applies to the entire country, as indicated in its preamble, it is imperative that the authority includes representation from all provinces. Otherwise, it becomes exceedingly challenging to effectively exercise jurisdiction across the entire country.

There is no established implementation procedure at the provincial level. Just as there is an absence of representation, there is also a lack of a defined procedure regarding how the authority intends to implement these provisions at the provincial level when it needs to exercise jurisdiction over the entire country.

Concerning the standards applicable to food products, PSQCA has incorporated certain general standards from Codex Alimentarius, while a majority of the product-specific standards have been adopted from the International Organization for Standardization (ISO) (Division Wise Standards' List: PSQCA, 2000). Hence, there exists a disparity between the standards embraced by the PSQCA and those of the Punjab Food Authority (PFA). The process of adoption involves their inclusion in the law through a basic provision specifying that ISO standards will be adhered to, without formally integrating them as food regulations.

Pakistan Halal Authority, 2016

This is another instance of redundant legislation. Despite the fact that all the existing food authority laws already include provisions concerning Halal Products, this additional law was enacted. Even after five years, in 2021, the authority finally received approval for its operational rules. However, it still faces challenges in recruiting the necessary technical personnel and staff for its day-to-day operations ("Rules for Pakistan Halal Authority," 2021).

Punjab Food Authority Act, 2011

In the 2019 The Council of Common Interest (CCI) meeting, the responsibility for licensing and registration was transferred to the Federation, and the standards adopted by the Federal body were to be enforced by Provincial Authorities through amendments to their laws. This situation has compounded the existing confusion. Furthermore, no concrete measures have been undertaken to put into effect the agenda discussed in that meeting (Iqbal, 2021).

- No specified qualification criteria for the chairman.
- No established protocol for conducting meetings within the food authority.
- The authority's reliance on the provincial government for appointing and dismissing officials greatly compromises its independence, leaving it vulnerable to political pressures indefinitely.
- There is no outlined disciplinary process for food safety officers in the event of ultra vires of powers.
- Consumers have no remedy in the event of financial losses.
- There are no regulations or guidelines for the establishment of food laboratories, a critical

aspect acknowledged as a distinct core capacity under IHR-2005.

Punjab Agriculture, Food and Drug Authority Act, 2016

Despite the Act being enacted in 2016, the "Punjab Agriculture, Food and Drug Authority" has yet to commence its operations. Furthermore, the cost of this project has escalated by an additional PKR 3 billion. The former Chief Minister had set a deadline of October 2022 for the project's operationalization ("Agriculture, Food and Drug Authority," 2022), but that deadline has passed, and the situation remains unchanged.

Punjab Food Regulations, 2018

The majority of standards are directly adopted from the Codex Alimentarius, and in cases where they are not adopted in their entirety, each standard typically incorporates a section stipulating that the Codex Alimentarius standards shall be adhered to for any remaining provisions, in order to address any gaps.

The Codex Alimentarius provides a comprehensive list of food additives, along with their corresponding food categories, in their published standard CODEX STAN 192-1995. However, when adopting these standards, the Punjab food regulations only include the list of food additives, omitting certain items. The missing items from the Food Regulations of 2018 are as follows:

Natural Additive: Safron

Anti-oxidants: Dodecyl Gallate, Octyl Gallate, Ethyl Gallate and Galic Acid

Emulsifier & Anti-foaming Agent: Acetylated Monoglycerides, Glycerol Monostearate, Sodium and Potassium Pyrophosphates

Stabilizers, Modified Starches, Thickeners and Gelling Agents: Calcium Glyconate and Furcelleram

The Codex Alimentarius comprises two categories of standards: General and Product-specific. In the case of General standards, they are primarily adopted from the Codex Alimentarius without explicit replication, implying that each standard contains a provision stipulating that in the event of any non-conformity or absence of a particular rule, the Codex Alimentarius shall be the guiding reference.

While product specific are separately provided in Food Regulations, 2018 that includes main categories, for instance, meat products, cereals, fish and fish products, food and vegetables, Fat oils and emulsifiers, Confectionary and sweets, Bakery products, Food grains, Egg and egg products, Sweeteners, Salt, spices and protein products, ready to eat savories, beverages and infant formulae. It constitutes just 10% of the product specific standards provided by the Codex Alimentarius.

The Food Authority Acts of Baluchistan and Sindh

The Food Authority Acts of Baluchistan and Sindh also exhibit similar shortcomings. Specifically, in terms of food product standards, neither has enacted any specific rules and regulations as of now.

Khyber Pakhtunkhwa Food Safety Authority Act, 2014

There is no stipulated qualification requirement for the Director General, who could potentially be any government officer holding a rank of BPS-19 or 20 (The KPK Food Safety Authority Act, 2014:

11). This raises concerns regarding the efficiency and effectiveness of the authority's leadership. A person lacking the necessary qualifications may face challenges in fulfilling the role of the authority's head effectively and efficiently.

There are no direct criminal penalties in place, mirroring the situation in Punjab (The KPK Food Safety Authority Act, 2014: 23-33). This food safety Act is essentially an exact replica of the Punjab Food Authority Act.

The KPK food safety authority is similarly deficient in terms of food standards, as it has not enacted any food regulations that would establish the necessary standards.

Balochistan Food Fortification Act, 2021 and Sindh Food Fortification Act, 2021

These Acts are remarkably comprehensive, encompassing provisions and rules that effectively address nearly all aspects. However, the issue lies with the schedule, which solely includes wheat, flour, *atta*, *maida*, *suji*, *vanaspati ghee* and edible oil. Although, the Balochistan Food Fortification Act, 2021, has introduced an additional component, edible salt, to its list. However, it appears to overlook other food products as if they do not require fortification.

Khyber Pakhtunkhwa Hotels Restriction (Security) Act, 2014

There is no specified implementation procedure outlined. There is no categorization of penalties for all the offenses; instead, the penal punishment is generalized, with a provision for one year of imprisonment or a fine, or both (The KPK Hotels Restriction (Security) Act, 2014: 10).

Codex Alimentarius

Codex Alimentarius does not address the specific role of food safety authorities. In contrast, Article 22, sub-clauses (h) and (i), as well as sub-clause 2 of the IHR-2005, impose a general responsibility on food safety authorities to undertake essential measures to manage emergency situations and prevent instances of food contamination and adulteration.

Challenges in Enforcing Food Laws

In addition to the deficiencies and challenges mentioned earlier, the primary and most significant issue within Pakistan's food laws pertains to the overlapping and lack of harmonization among these laws. Each authority possesses its own jurisdiction and authority, and there is a reluctance on both the federal and provincial levels to resolve these issues through the CCI, which was specifically established for this purpose. Unless the laws are amended to address these issues, it is unlikely that any substantial change will occur.

Another obstacle to the effective implementation of IHR-2005 is the absence of legislation that governs the allocation of state funding for healthcare. Currently, healthcare expenditure is predominantly funded through the government of Pakistan's development budget. There are no specific rules and regulations governing the allocation of funds for health security within the current budgetary process. The budgeting procedures currently in place adhere closely to the guidelines and regulations outlined in the Ministry of Finance's published budget manual. However, while these procedures are comprehensive, they are not aligned with the core capabilities of IHR-2005. To align with the requirements of the JEE and the Global Health Security Agenda, it is imperative that budget allocation and expenditure be clearly categorized according to specific IHR-

2005 areas. Unfortunately, the existing budgetary framework does not facilitate the tracking of health security allocation and expenditure under these criteria.

Assessment Comments from the World Health Organization's Joint External Evaluation of Pakistan's International Health Regulations Core Capacities

The fundamental capabilities of Pakistan in compliance with the IHR-2005 were collectively evaluated using the "IHR Joint External Evaluation method" from the WHO. This evaluation was conducted by a multi-sectoral International "External Evaluation Team (EET)," selected from various countries and international organizations due to their recognized technical proficiency. The mission took place from April 27 to May 6, 2016.

At the beginning of the external evaluation on April 27, the EET was given a detailed presentation and discussion of the results of the self-assessment for all technical areas. The experts from the host country and the EET engaged in a sequence of moderated discussions. These discussions aimed to assess Pakistan's existing exemplary practices, challenges, and areas in need of improvement, scoring, and the formulation of 3-5 priority actions for each of the 19 technical areas (JEE of the IHR Core Capacities of Pakistan: A Mission Report, 2016).

The focus of the researcher is on the core capacities of Legislation and Financing as well as Food Safety to examine food laws in accordance with the guidelines and regulations outlined in IHR-2005. The excerpts from the submitted report pertaining to the core capacities of legislation and food safety are as follows:

National Legislation, Policy and Financing

Indicators and Scores

P.1.1: "Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR."

Score 2: "Limited capacity. Assessment of relevant legislation, regulation, administrative requirements and other government instruments for IHR implementation has been carried out."

Areas Requiring Improvements/Challenges

In certain provinces, essential matters related to food safety lack regulations. Provinces with existing laws should extend technical support to address these deficiencies.

There is a misconception that legislation exclusively refers to Acts of Parliament, resulting in ministry staff who lack legal expertise being unable to offer guidance on the complete spectrum of legal options. To enable health personnel to utilize existing legal instruments with effectiveness and efficiency, it would be beneficial to provide advocacy and awareness training, along with technical assistance.

Enhancing multi-sectoral coordination among stakeholders, particularly those beyond the health sector, should be prioritized, aligning with the "One Health" approach. This includes fostering coordination between human and animal health surveillance programs to tackle significant zoonotic diseases and address issues related to antimicrobial resistance (AMR).

P.1.2: "The state can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with the IHR (2005)."

Score 3: "Developed capacity. The country can demonstrate the existence and use of relevant laws and policies in the various sectors involved in the implementation of the IHR."

Areas Requiring Strengthening/Challenges

The Ministry of National Health Services Regulation and Coordination lacks the necessary legal capacity. Proposed laws and policies must be evaluated, authorized, and then implemented by Parliament and other appropriate authorities. Neither the routine budget nor the development budget currently allocates dedicated funds for the IHR or disease surveillance and emergency response. It is essential to secure funding and establish a specific budget allocation to support IHR-2005 implementation (JEE of the IHR Core Capacities of Pakistan: A Mission Report, 2016: 9-11).

Food Safety

Federal ministries, as well as provincial health authorities, bear the responsibility of ensuring food safety. However, our existing regulations typically focus on end-product inspection and testing, rather than encompassing a comprehensive preventive approach throughout the entire food chain. Risk-based preventive methods are also not covered by food laws. Each province independently manages the food safety matter, lacking a federal authority or enforcement mechanism to harmonize food laws across the country. There is a lack of robust connections between the livestock and agriculture departments concerning the surveillance of foodborne diseases related to chemicals. In contrast to the European Union, there is no apparent framework for promptly communicating risks associated with food safety emergencies, such as a rapid alert system for food and feed, in place. Presently, these laboratories, which could support food control management operations, are unavailable. At the federal level, the NIH maintains a laboratory infrastructure for food safety controls, but there are limitations in the testing capacity for food safety in certain provincial labs.

Overall, there is insufficient coordination among federal, provincial, or inter-sectoral levels of government, as well as between the ministries of Health and Agriculture, Livestock, and Fisheries, in managing food safety control across the entire food chain, from primary production to consumption. One of the significant challenges post-devolution is the varying approaches of each province towards food safety, encompassing differences in laws, standards, food control management, inspection and enforcement, foodborne disease surveillance, and risk communication. Currently, federal-level coordination is limited. This implies that the levels of control and safety applied to food items transported between provinces and internationally differ. Moreover, the capacity to respond to crises, events, and illness outbreaks triggered by foodborne pathogens is fragmented and varies from one province to another.

Indicators and Scores

P.5.1: "Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination."

Score 2: "Limited capacity" (JEE of the IHR Core Capacities of Pakistan: A Mission Report, 2016: 20-22).

CONCLUSION

Since 2007, Pakistan has made amendments to its food laws to bring them in line with IHR-2005, but it still lacks implementation protocols and a budget for the food and health sectors to address deficiencies and gaps. The recent COVID-19 pandemic has revealed that Pakistan possesses the necessary legislation to manage emergency situations. However, to establish an effective emergency control procedure, it is imperative to fulfill the IHR-2005 core capacities, following the recommendations provided by the JEE Committee of WHO. Lastly, the lack of harmonization in food laws remains a persistent issue, causing challenges in the effective implementation of IHR-2005 provisions and leading to disputes between the federal and provincial authorities. Furthermore, Due, to the lack of harmonization, the food authorities face difficulties in enforcing food laws, resulting in the ineffective implementation of IHR-2005. The CCI has also fallen short in fulfilling its role, and there is a lack of coordination between the federal and provincial governments concerning food safety. Consequently, although there are focal points for emergency coordination at the federal level, no such centers are established in any of the provinces. Except for Punjab, all other provinces lack food standards that they are required to adhere to. Many of the established authorities, such as the Punjab Agriculture, Food and Drug Authority, the Punjab Livestock & Dairy Development Department (PLDDD), and the Pakistan Halal Authority, remain non-operational, and their operational costs are steadily rising. Our current prevailing laws often focus solely on end-product inspection and testing, neglecting a preventive approach to the entire food chain. Our food laws do not encompass risk-based preventive measures and legislation concerning Antimicrobial resistance. Currently, the laboratories, which could be utilized for food control management operations, are not accessible. The NIH at the federal level maintains a laboratory infrastructure for food safety controls. However, the capacity to conduct food safety testing in certain provincial labs is limited. One of the key challenges impeding the implementation of IHR-2005 is budget constraints. Currently, there are no specific rules and regulations governing the allocation of funds for health security within the budgeting process. The budgetary guidelines and regulations published by the Ministry of Finance are strictly adhered to in the current budgeting procedures. Unfortunately, this budgeting system is not aligned with the core capabilities outlined in IHR-2005, making it incompatible for addressing health security needs effectively.

References:

Agriculture, Food and Drug Authority to be set up by October. (2022, Jun. 28). *The Express Tribune.*

Food and Agriculture Organization of United Nations. (2003). The Codex System: The Codex Alimentarius Commission and how it works. IAO/WHO 2003. https://www.fao.org/3/a0850e/a0850e01.pdf

Food and Agriculture Organization of United Nations. (2023). About Codex Alimentarius. https://www.fao.org/fao-who-codexalimentarius/about-codex/en/

Food and Agriculture Organization of United Nations. (2023). Codex Alimentarius: International Food Standards. https://www.fao.org/fao-who-codexalimentarius/about-codex/en/#%20c453333

Food and Agriculture Organization. (2011). General Principles of Food Hygiene CXC 1-1969. https://www.fao.org/fao-who-codexalimentarius/sh-proxy/en/?lnk=1&url=https%253A%252F%252Fworkspace.fao.org%252Fsites%252Fcodex%252FStandards%252FCXC%2B1-1969%252FCXC_001e.pdf

Heggum, C. (2001). Codex Alimentarius. in *Encyclopedia of Dairy Sciences* 463-473. https://doi.org/10.1016/B0-12-227235-8/00095-X

Iqbal, N. (2021, Apr. 27). Setting National Standards. *The News.*

Ministry of National Health Services Regulations and Coordination Pakistan. (2018). Report - National Action Plan for Health Security (NAPHS): A shared opportunity for sustainable implementation of IHR-2005. https://phkh.nhsrc.pk/sites/default/files/2019-06/National%20Action%20Plan%20for%20Health%20Security%20%E2%80%93%20Pakistan%202018.pdf

Ministry of National Health Services, (2021). Regulations and coordination. National Action Plan for Health Security: A shared opportunity for sustainable implementation of IHR-2005. Updated Federal Level Costing Plan. https://phkh.nhsrc.pk/knowledge-article/national-action-plan-health-security-updated-federal-level-costing-pakistan

Nishtar, S. (2018). Health and the 18th amendment: Retaining national functions in devolution. *Heartfile*, http://www.heartfile.org/pdf/HEALTH_18AM_FINAL.pdf

Pakistan Standards Quality Control Authority. (2023). Division wise standards' list. https://www.psqca.com.pk/?s=Division+Wise+Standards%E2%80%99+List

Roberts, M., & Mirza, A. S. (2018). *National Action Plan for Health Security (NAPHS). A shared opportunity for sustainable implementation of IHR-2005.* The World Bank. https://phkh.nhsrc.pk/sites/default/files/2019-06/National%20Action% 20Plan%20for%20Health% 20Security%20%E2%80%93%20 Pakistan%202018.pdf

Rules for Pakistan Halal Authority approved. (2021, Oct. 30). *Dawn.*

The Khyber Pakhtunkhwa Food Safety Authority Act, 2014. (2014, Mar. 26). The Official Gazette of Khyber Pakhtunkhwa.

The Khyber Pakhtunkhwa Hotels Restriction (Security) Act, 2014. (2014, Mar. 21). The Official Gazette of Khyber Pakhtunkhwa.

The Pakistan Hotels and Restaurants Act, 1976. (1977, Jan. 4). The Official Gazette of Pakistan.

The Pakistan Standards Quality Control Authority Act, 1996. (1996, Mar. 17). The Official Gazette of Pakistan.

United States Department of Agriculture (USDA). (2021). Codex Alimentarius Commission and the United States Codex Program. https://www.usda.gov/sites/default/files/ documents/codex-at-a-glance.pdf

World Health Organization. (1952). *The international sanitary regulations.* WHO Technical Reports Series No. 37. Official Records of the World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/85636/Official_record37_eng.pdf?sequence=1&isAllowed=y

World Health Organization. (1983). World Health Assembly 22. International Health Regulations-)1969). A dopted by the twenty-second World Health Assembly in 1969 and amended by the twenty-sixth World Health Assembly in 1973 and the thirtyfourth Worl-d Health Assembly in 1981, 3rd annotated ed. https://apps.who.int/iris/handle/10665/96616

World Health Organization. (2005). The International Health Regulations. https://www.who.int/health-topics/international-health-regulations#tab=tab_1

World Health Organization. (2006). Application of the International Health Regulations. (2005) WHA59.2. 26 May 2006. http://www.who.int/gb/ebwha/pdf_files/WHA59/WHA59_2-en.pdf

World Health Organization. (2009). The International Health Regulations- 2005: Toolkit for Implementation in National Legislation. https://www.who.int/publications/m/item/international-health-regulations-(2005)-t oolkit-for-implementation-in-national-legislation

World Health Organization. *(*2017(. *Joint external evaluation of IHR core capacities of the Islamic Republic of Pakistan: Mission Report: 27 Apr. – 6 May, 2016.* https://apps.who.int/iris/handle/10665/254614. License: CC BY-NC-SA 3.0 IGO

World Health Organization. (2023). International health regulations. https://www.who.int/health-topics/international-health-regulations

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