Population level dietary salt reduction initiative in the Americas

Norm Campbell, Co-Chair Technical Advisory Group to mobilize cardiovascular disease prevention through dietary salt control policies and interventions
No commercial associations within 5 years for nutrition/salt

- Salary support HSF/CIHR for Hypertension Prevention and Control
- Non commercial income from speaking on nutrition in last 2 years $750

Unpaid academic activities
- Member, WHO nutrition advisory group
- Chair, Canadian Hypertension Advisory Committee
- Co-Chair, PAHO/WHO Technical Advisory Committee on dietary salt
- Member, World Action on Salt and Health (WASH)
- Advisor to several governments on hypertension and dietary salt
- President, World Hypertension League.
- No recent grants for research or education on dietary sodium
Countries in Americas region that have Sodium Reduction Activities

- Argentina
- Barbados
- Brazil
- Canada
- Chile
  - Central America (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama) and the Dominican Republic
- Cuba
- Mexico
- Trinidad & Tobago
- United States
- Uruguay
- Colombia
- Paraguay
Cardiovascular Disease Prevention through Dietary Salt Reduction

PAHO Expert Group 2009-11
PAHO Technical Advisory Group (TAG) 2012-15

Create and implement tools and resources to support dietary salt reduction in the Americas.
Policy Statement Goal

A sustained drop in dietary salt intake to reach national targets or the internationally recommended target of less than 5g/day/person by 2020, securing that it is fortified.

Policy Statement:
Preventing Cardiovascular Disease in the Americas by Reducing Dietary Salt Intake Population-Wide

The PAHO/WHO Regional Expert Group on Cardiovascular Disease Prevention through Dietary Salt Reduction has produced this policy statement. It has the rationale and recommendations for a population-based approach to reduce dietary salt intake among all people in the Americas, be they adults or children.

Policy Goal
A gradual and sustained drop in dietary salt intake to reach national targets or, in their absence, the internationally recommended target of less than 5g/day/person by 2020.

Audience
Policy and decision makers in government, leaders in non-governmental organizations (representing consumers, health, scientific and health care professionals), civil society, the food industry (including food processors and distributors), among food importers and exporters, and in PAHO.

Rationale
- Increased blood pressure worldwide is the leading risk factor for deaths and the second leading risk for disability by causing heart disease, stroke and kidney failure.
- In the Americas, between 1/5 and 1/3 of all adults have hypertension and once age 80 is reached, over 90% can be expected to be hypertensive.
- In 2001, the management of non-optimal blood pressure i.e. systolic pressure over 115 usually consumed about 10% of the world’s overall healthcare expenditures.
- As dietary salt consumption increases, so does blood pressure. Typical modern diets provide excessive amounts of salt, from early childhood through adulthood.
- The recommended intake of salt is less than 5g/day/person. In the Americas, intake can be over double the recommended level. All age groups including children are affected.
- Adding salt at the table is not the only problem. In most populations by far the largest amount of dietary salt comes from ready-made meals and pre-prepared foods, including bread, processed meats, and even breakfast cereals.
- Reducing salt consumption, population-wide is one of the most cost-effective measures available to public health. It can lower the rates of a number of related chronic diseases and conditions at an estimated cost of between $0.04 and $0.32 US per person per year. Population-wide interventions can also distribute the benefits of healthy blood pressure equitably.
- Governments are justified in intervening directly to reduce population-wide salt consumption because salt additives in food are so common. People are unaware of how much salt they are eating in different foods and of the adverse effects on their health. Children are especially vulnerable.
- Salt intake can be reduced without compromising nutrient-sufficient fortification efforts.

63 endorsements of Road Map by NGO and Government
<table>
<thead>
<tr>
<th>National governments</th>
<th>Non-governmental organizations</th>
<th>Food industry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seek a multi-sectoral endorsement of the Policy Statement</td>
<td></td>
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<tr>
<td>Develop sustainable, funded, scientifically based salt reduction programs that are integrated into existing food, nutrition, health, and education programs.</td>
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<tr>
<td>Initiate collaboration with domestic food industries</td>
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<tr>
<td>Regulate food industry to match the lowest salt content in the specific food category</td>
<td></td>
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<tr>
<td>Development of surveillance system that monitors population salt intake</td>
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<tr>
<td>Review national salt fortification policies and recommendations</td>
<td></td>
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<tr>
<td>Endorse this policy statement</td>
<td></td>
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<tr>
<td>Educate memberships on the health risks of high dietary salt and how to reduce salt intake.</td>
<td></td>
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<tr>
<td>Promote and advocate media releases on dietary salt reduction</td>
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<tr>
<td>Broadly disseminate relevant literature.</td>
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<tr>
<td>Educate policy and decision makers on the health benefits of lowering blood pressure among normotensive and hypertensive people, regardless of age.</td>
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<tr>
<td>Promote coalition building, increase organizational capacity for advocacy and develop advocacy tools to promote civil society actions.</td>
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<tr>
<td>Endorse this policy statement.</td>
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<tr>
<td>Make current best in class and best in world low salt products and practices. Provide salt substitutes readily available at affordable prices.</td>
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<tr>
<td>Commit to gradual and sustained reduction in the salt content of all existing salt-containing food products, restaurant and ready-made meals</td>
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<tr>
<td>Use standardized, clear and easy-to-understand food labels that include information on salt content.</td>
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<tr>
<td>Promote the health benefits of low salt diets to all peoples of the Americas.</td>
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</tbody>
</table>

Pan American Health Organization  
World Health Organization Americas
Communication and Advocacy

- The Healthy Latin American Coalition (40 civil society organizations) launched a specific initiative ‘Asociación Latino Americana Sal y Salud’ (ALASS)
- CODEX interactions on sodium/salt labeling
- Survey on public preferences for salt vs. sodium labeling
- Public Knowledge, Awareness and Behavior in 6 PAHO countries
- Publications, presentations/workshops at national and international meetings, webinars

2010-2014
22 published peer reviewed articles
Communication and Advocacy

- Web page in EN & SP
- Fact sheets and slide sets for professionals and public
- Monthly updates
- Salt Awareness week webinars
- Twitter@saltreduction

For more information, go to www.paho.org/cnccd_cvd/salt
Surveillance

Critical appraisal of the literature regarding methods for determining sodium, potassium, iodine in the urine

A REVIEW OF METHODS TO DETERMINE THE MAIN SOURCES OF SALT IN THE DIET

Prepared by:
WHO/PAHO Regional Expert Group for Cardiovascular Disease Prevention through Population-wide Dietary Salt Reduction

Special Sub-group for Research and Surveillance
October 2010 v.7

Acknowledgements:
Mary C. Albe, Department of Nutritional Sciences, University of Toronto, Canada
Adrianna Blanco Metzler, INCENSIA, Costa Rica
Daniele Ferrante, Health Promotion and Chronic Disease Control, Ministry of Health, Argentina
Christina Howitt, Chronic Disease Research Centre, Barbados
Branka Grgotic, PAHO Secretariat
Barbara Legowski, PAHO Secretariat
Eduardo Nelson, Food and Nutrition Coordination, Ministry of Health, Brazil
Rebecc Scheni, University of Rio de Janeiro, Brazil
Rafael Moreira, Center for Epidemiologic Studies in Health and Nutrition, School of Public Health, University of São Paulo, Brazil
Surveillance: Assessments of salt intake

- **Barbados**: Health of the Nation study includes 24h urine assessment.
- **Mexico**: SALMEX study: cohort of 1,000 workers: 24 h urine (sodium, potassium, iodine).
- **NY**: 24 h urine (sodium, potassium).
- **Canada**: Canadian Community Health Study; several provinces 24 h urine.
- **Argentina**: sub sample of ENFR 24h urine.
- **Chile**: National Health study (spot urine).
- **Brazil**: National Health Study (24h and spot urine).
- **Costa Rica**: (national budget survey)

*Salt Intake between 8.6-12 g/day/person*
Surveillance: Main sources of salt

• **Approach:**
  - Entire food supply: US, Canada
  - Selected food categories: Argentina, Brazil, Barbados, Chile, Paraguay, Mexico, Costa Rica

• **Common food categories:**
  - Bread and bakery products
  - Biscuits and cookies
  - Cakes
  - Processed meat and cuts
  - Dairy
  - Snacks
  - Soups
  - Pasta
  - Mayonese
International collaborative project to compare and monitor the nutritional composition of processed foods

Elizabeth Dunford¹,², Jacqui Webster¹, Adriana Blanco Metzler³,⁴, Sebastien Czernichow⁵, Cliona Ni Mhurchu⁶, Petro Wolmarans⁷, Wendy Snowdon⁸,⁹,¹⁰, Mary L’Abbe¹¹, Nicole Li¹², Pallab K Maulik¹³, Simon Barquera¹⁴, Verónica Schoj¹⁵, Lorena Allemandi¹⁵, Norma Samman¹⁶, Elizabete Wenzel de Menezes¹⁷, Trevor Hassell¹⁸, Johana Ortiz¹⁹, Julieta Salazar de Ariza²⁰, A Rashid Rahman²¹, Leticia de Núñez²², Maria Reyes Garcia²³, Caroline van Rossum²⁴, Susanne Westenbrink²⁴, Lim Meng Thiam²⁵, Graham MacGregor²⁶ and Bruce Neal¹,² (for the Food Monitoring Group)
International collaborative project to compare and track the nutritional composition of fast foods

The Food Monitoring Group*

Abstract

Background: Chronic diseases are the leading cause of premature death and disability in the world with over-nutrition a primary cause of diet-related ill health. Excess quantities of energy, saturated fat, sugar and salt derived from fast foods contribute importantly to this disease burden. Our objective is to collate and compare...
Optimum intake of sodium and iodine

- Position document to facilitate collaboration and cooperation in optimizing salt and iodine intake in the Region.
Engagement with Food Industry

• ‘Industry questionnaire’ (for multinational and national food manufacturers) to identify progress and intentions to reduce salt additives and industry leaders.

• Salt Smart Consortium

• Guide for setting targets and timelines to reduce salt content in food throughout the Americas.

• Inaugural regional salt targets for the America’s
2013 May 17 “World Hypertension Day”

Launch of: Salt Smart Americas
Guide for country action on salt reduction
1. Agreement to form the Consortium: signed Pan American Forum commitment for Action and Rules of engagement

2. Agreement on target of less 5 g of salt intake and that the work of the consortium is to reach this target by 2020

Focus on:
1. Standards for Reformulation of products for Region
2. Instruments for communication and advocacy.
3. Support for small and medium size industries for reformulation of their products.
4. 5 year Strategic Plan to serve as guide and resource mobilization
Guide for setting targets and timelines to reduce the salt content of food (2013)

• Purposes of the Guide:
  • For governments and public health authorities to assist them in designing their salt reduction strategies
  • Based on experiences of a variety of countries that have already begun
  • Provide advice in a step-by-step approach
  • Share existing targets and timelines (tables for the most common categories and links to full programs)
  • Foster collaboration and harmonization
• Different approaches have been used by countries
  o Comprehensive targets for all food categories
  o Step-wise approach starting with priority foods/categories
  o Voluntary system – Brazil, Costa Rica, US, Canada
  o Regulatory system - Argentina, Paraguay, Chile
Regional sodium reduction targets

• Build on the current targets and timelines of countries in the America’s
• Use maxima levels to facilitate implementation and monitoring.
• Facilitate more rapid reduction in dietary salt/salt content of foods in countries where targets do not currently exist.
• Use major food groups contributing to salt consumption.
• Targets regularly reassessed (biennially).
• Based on industry volunteerism.
• Transparent monitoring by third party to assure accountability.
Monitoring

- Food Industry voluntarily provides data on products from 12 food categories
- Civil society uses: protocols for food sampling in store and I Phone software to collect photos of foods
- WHO CC for salt reduction in George Institute secures data entry into spreadsheets/database by Category of food

Comparisons
  - In country
    - By food category
    - By manufacturer
    - Over time
  - Between countries
Singling out Argentina, Brazil and Chile

• Strong political leadership and commitment (Presidents and Ministers of Health)
• Focus on major dietary sources of salt
• Move from voluntary to regulatory (Argentina and Chile)
• Move towards non processed foods to halt nutrition transition (Brazil)
• Strong collaboration, support and competition in PAHO group
More info on the initiatives in the Americas

- **PAHO “SALT “WEB PAGE (ENG/SP):**

- **Regional targets:**

- **ALASS WEB PAGE (SP):** [http://www.alass.net/index.php/semana-de-la-sal](http://www.alass.net/index.php/semana-de-la-sal)

- **AHA web page:** [http://sodiumbreakup.heart.org/sodium-411/sodium-kids/](http://sodiumbreakup.heart.org/sodium-411/sodium-kids/)
Thank you
<table>
<thead>
<tr>
<th>Disclosure of Relationship</th>
<th>Company/Organization(s)</th>
<th>If you think this might be perceived as biasing your presentation or a conflict of interest, identify how you will address this in your presentation.</th>
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<tbody>
<tr>
<td>I have ownership interest or other financial interest in the company (i.e. stocks, stock options or other ownership interest, excluding diversified mutual funds)</td>
<td>Mondelez International</td>
<td>Disclose that I’m an employee of Mondelez International. Capacity at the event is as private sector representative of the Salt Smart Consortium; and am sharing examples of how governments, public health agencies, food companies (including us) and civil society worked together on sodium reduction initiatives.</td>
</tr>
<tr>
<td>I am a member of an Advisory Board or similar committee</td>
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<td>I am a member of a Speaker’s Bureau</td>
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<tr>
<td>I am involved in research grants and funding from industry</td>
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<td>I am currently participating in or have participated in a clinical trial within the past two years</td>
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<tr>
<td>I have received honorarium, consulting fees, salary, royalty, grant-in-aid or other monetary support received from or expected from the company</td>
<td>Mondelez International</td>
<td>Same as above</td>
</tr>
<tr>
<td>I have ownership in a patent for a product referred to in the presentation or marketed by the company</td>
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<tr>
<td>I am involved in the design of clinical studies concerning the use of products manufactured by the company</td>
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<tr>
<td>My spouse or close family member(s) have commercial affiliation(s)</td>
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</tbody>
</table>
Agenda

Introduction: Health and importance of public-industry conjoint initiatives

Argentina/Brazil and Salt Smart Experiences

Final Thoughts
Determinants of Population Health: It is a complex and multifactorial topic.

WHO’s global strategy on diet, physical activity, and health objectives, May 2004

Objectives:

• **Reduce risk factors for chronic diseases** that stem from unhealthy diets and physical inactivity thru public health actions

• **Increase awareness and understanding** of the influences of diet and physical activity on health and the positive impact of preventive interventions

• **Develop, strengthen and implement global, regional, national policies and action plans** to improve diets and increase physical activity that are sustainable, comprehensive and actively engage all sectors

• **Monitor science and promote research** on diet and physical activity
This proposal lays out a regional roadmap for prevention and control of NCDs in the period 2012–2020.

Objective:

To reduce avoidable mortality, morbidity, risk factors, and costs associated with NCDs, thus promoting well-being and improving productivity and development prospects in the Region.
What is the Food Industry expected to do?

WHO’s global strategy on diet, physical activity, and health objectives:
May 2004

Private Sector Responsibilities for action:

• Promote healthy diet and physical activity in accordance with national and international guidelines and standards
• Limit level of saturated fats, TFA, free sugars, and salt
• Provide affordable, healthy and nutritious choices
• Provide adequate and understandable nutrition information
• Practice responsible marketing in accordance with strategy.
• Issue simple, clear and consistent food labels and evidence based health claims
• Provide information on food composition to national authorities
• Assist in developing and implementing physical activity programs
Protect the well-being of our planet

the call for well-being enables us to focus on four areas that are important to our business and our world ... and where we can make positive change
Our Global Commitments For Mindful Snacking

Specifically, by 2020 our goals are to:

- Grow our **better choice** products to 25% of our revenue
- Reduce **sodium and saturated fat** by 10%
- Increase **whole grains** by 25%
- Expand our **portion control options** (200 calories or less) by 25%
- Place **calorie labeling** front of pack on all relevant products globally by the end of 2016.

Baseline: 2012
From Global to Local: The influence path…

Global Level

Regional level
Latin America

Local Level

WHO

PAHO

Local Governments
Voluntary Agreements Industry-Government: Collaboration is key to assure Progress

Nothing → Something → Perfection

- An infinite distance
- Barely noticeable

Voluntary Agreements with appropriate goals

Unrealistic targets
Voluntary Agreements: Industry-Government: Both side effort is beneficial for consumers

Government + Industry + Appropriate goals = Consumer Benefit

Nutrition Profile + Technology = Consumer Benefit
Argentina & Brazil’s Experience

Argentina & Brazil: similar models with some differences on goals formulation

Argentina:
- Agreements signed with:
  - Copal and product specific Trade Associations
  - Companies signing: Increase from 19 to 52 between 2011 and 2014.
  - Products considered in the agreements: 487
- Agreements signed for *four product* categories with biggest impact on sodium consumption:
  - Meat products (include hamburgers, hot dogs and others)
  - Cereal products (include biscuits and bread)
  - Cheeses
  - Soups, dressings and canned vegetables.
- Agreements covered 2 steps, with goals to achieve for any of them:
  - 2011-2013
  - 2013-2015

Brazil:
- Agreement signed with:
  - ABIA and product specific Trade Association: 839 products involved.
- The agreement covers product categories with biggest impact on sodium consumption:
  - Meat products (include hamburgers, hot dogs and others)
  - Cereals (include bread, biscuits, ready to eat cakes and mixes)
  - Cheeses
  - Soups, mayonnaise and spices.
- Agreement considers progressive goals to be achieved every two years till 2020.
Define which are the most relevant food categories considering impact on sodium intake: sodium content + daily intake of food:

- Statistic Data about population food Consumption (Public Sector)
- Information on sodium content of products: define baseline.

Consider technological function of sodium and its salts when defining targets.

Progressive goals:
- Help to consumer acceptance.
- Help to increase support from industries.

Follow up of results based on industry reports and analytical screening:
- Agree on sampling and analytical methods.
- Proficiency labs network.
- Calculate impact of reductions.
Common sodium replacement approaches (for biscuits)

- **Reduce sodium gradually** (consumers adapt to less sodium over time)
- **Partial replacement with potassium**
- **Replacement with new technologies:**

<table>
<thead>
<tr>
<th>What to replace</th>
<th>Key new technologies</th>
<th>How it works</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topping salt</td>
<td>Different morphology salt</td>
<td>Maximize surface area to increase bioavailability of salt &amp; hence enhance saltiness perception</td>
</tr>
<tr>
<td></td>
<td>Salt with modified density, shape, size etc.</td>
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</tbody>
</table>
| Dough/topping salt | Alternate salt/proprietary blends  
|                  | Mineral salt blends, potassium chloride plus flavor masker etc.                       | Use proprietary technology to create blends that enhance saltiness while reduce bitterness/off notes |
|                 | Flavor/taste enhancers  
|                  | Yeast extract, natural flavor enhancer etc.                                           | Use ingredients with salt/flavor enhancer property to boost saltiness or flavors |
|                 | Combination approach  
|                  | Combination of the above                                                              | Combine the benefits of the above approaches                                  |
| Leavening       | Alternate leavening agents  
|                 | Blends of leavening agents (potassium, calcium, sodium etc.)                          | Reduce sodium by blending alternate agents together                           |
## Compliance Screening: Argentina

### Voluntary Agreements evaluation 2011-2013

<table>
<thead>
<tr>
<th>Food Categories</th>
<th>Average Reduction</th>
<th>% Compliance</th>
<th>% of consumption participation #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bread</td>
<td>25%</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Bakery</td>
<td>8%</td>
<td>85.5%</td>
<td>60%</td>
</tr>
<tr>
<td>Meat Products</td>
<td>10%</td>
<td>88%</td>
<td>40%</td>
</tr>
<tr>
<td>Dairy Products</td>
<td>9.2%</td>
<td>81.8%</td>
<td>50%</td>
</tr>
<tr>
<td>Soups</td>
<td>6%</td>
<td>96.4%</td>
<td>75%</td>
</tr>
<tr>
<td>Snacks</td>
<td>11.4%</td>
<td>100%</td>
<td>60%</td>
</tr>
</tbody>
</table>

* Based on follow up reports and labeling, pending analytical validation.

# Estimated thru companies and Trade Associations reports.

Source: Ministerio de Salud Argentina
Argentina: Impact Calculation by end 2013

Being aware of effort impact encourages companies to carry on

Distribution of salt consumption:
- Use of table salt: 39.7%
- Bread: 25.1%
- Processed Food: 35.2%

Estimation based on changes in sodium content, % compliance and % participation

Source: Ministerio de Salud  Argentina
Brazil: Impact Calculation by end 2013

- Sodium Reduction in 839 products: up to 10%
- 7652 tons of Sodium taken away from products committed in the Voluntary Agreement


Source: Portal da Saúde: 05/12/2015
PAHO: SaltSmart Consortium

Important Milestone achieved:
Agreement on Regional Targets across the Americas!!

It will allow Governments in the region to start working in sodium reduction initiatives leveraging on others successful experience.
Last thoughts

- Partnership work to get a positive impact on public health are possible and may have sizable results.
- Process development enriches the point of view of both sides: public sector gains awareness about technical challenges and industry get more conscious about the challenge of reducing NCDs.
- Mutual technical respect and trust among the task force members is fundamental: agendas must coincide and be transparent.
- Every little progress counts: goals must be aspirational but possible to achieve.
- Regulation can be an useful tool, but voluntary agreements allow the validation of the process and set the basis of an effective future regulation.
- Create awareness and educate consumers: Is a long but more than necessary process.
Thank you!
Salt Smart Americas – Making partnerships work
May 27th, 2015

Government with Multiple Stakeholders Setting National Targets and Timelines

Eduardo Nilson
Ministry of Health of Brazil
Chronic Non Communicable Diseases account for 72% of deaths in Brazil

- Cardiovascular diseases
- Chronic respiratory diseases
- Diabetes mellitus
- Cancers
Brazil is advancing in the reduction of premature deaths by NCDs (<70 years)

Mortality (deaths/100 thousand people) by NCDs in Brazil, 2011

- Cancers (0.96%/year reduction)
- Diabetes (1.7%/year reduction)
- Cardiovascular diseases (3.3%/year reduction)
- Respiratory diseases (4.4%/year reduction)
- All NCDs (2.5%/year reduction)
Hospitalizations due to Hypertension

Standardized hospitalization by hypertension (2000-2013)

Fonte: SIH/SUS
Changes in the food patterns of Brazilians

Challenges of food consumption to the sodium reduction agenda:

- **Staple foods**: Estimated average sodium of 12g/person/day
- **Processed foods**: Large participation of added salt as a sodium source (2/3)
- **Foods eaten out of the household**: Inadequacy of micronutrient intake

Sodium
2008-2009 - Inadequate diets are a major risk factor for NCDs

<table>
<thead>
<tr>
<th>Nutrients</th>
<th>Prevalence of consumption inadequacy (%)</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>10 to 13 years</td>
<td>14 to 18 years</td>
</tr>
<tr>
<td>Free sugars</td>
<td></td>
<td>80,0</td>
<td>74,0</td>
</tr>
<tr>
<td>Saturated fats</td>
<td></td>
<td>83,0</td>
<td>80,0</td>
</tr>
<tr>
<td>Sodium</td>
<td></td>
<td>81,5</td>
<td>88,9</td>
</tr>
<tr>
<td>Fibres</td>
<td></td>
<td>78,0</td>
<td>77,0</td>
</tr>
<tr>
<td>Free sugars</td>
<td></td>
<td>82,0</td>
<td>83,0</td>
</tr>
<tr>
<td>Saturated fats</td>
<td></td>
<td>89,0</td>
<td>90,0</td>
</tr>
<tr>
<td>Sodium</td>
<td></td>
<td>77,7</td>
<td>72,9</td>
</tr>
<tr>
<td>Fibres</td>
<td></td>
<td>82,0</td>
<td>86,0</td>
</tr>
</tbody>
</table>
Estimated benefits of sodium reduction*

- 15% less deaths by stroke
- 10% less deaths by heart attack
- 1.5 million people free from hypertension medication
- +4 years in the life expectancy of hypertensive individuals

* = Brazilian Cardiology Society

Current: 12g
Goal: 5g
Vigitel 2014: Self Perception of Salt Intake by Brazilians

Male | Female | Total
---|---|---
Very high | 2.3 | 2.4 | 2.3
High | 15 | 11.7 | 13.2
Adequate | 46.7 | 49 | 47.9
Low | 27 | 28.4 | 27.7
Very low | 4.5 | 4.7 | 4.6
Does not know | 4.5 | 3.9 | 4.2
Strategies for reducing excessive sodium consumption

- Promotion of healthy eating and increasing the supply of healthy foods
- Voluntary reduction of sodium levels in processed foods and in foods sold in food service establishments and restaurants
- Food labelling and consumer information
- Education and information for consumers, industry, health professionals and other actors
Education and communication strategies for sodium reduction

- School environment: school meals, cafeterias.
- New Brazilian Food Guidelines
- Good Nutritional Practices Guidelines for Bakeries and Restaurants
- National MoH Health Promotion Campaign: Health must be cared every day ("Da saúde se cuida todos os dias")
  - Healthy dietary habits
- Salt Reduction Campaign with Supermarkets
• Decision to negotiate with food industry associations instead of individual industries.

• The Brazilian Association of Food Industries (ABIA) represents from 70% to over 90% of the market share of processed foods (according to food category): chance to reach most of the market simultaneously.

• Existing Term of Technical Cooperation (firstly signed in 2007) for healthy diets, physical activity and nutritional education, which included the reformulation of processed foods (through the reduction of sugars, fats and sodium).

• First initiatives: elimination of trans fats (2007-2010)

• At the renewal of the cooperation (2010): commitment to sodium reduction.
Criteria for selecting priority foods

- Foods that most contribute to sodium intake (>90% of sodium intake from processed foods):
  - Food Composition Data: Brazilian Food Composition Table (TACO), laboratory analysis and food label information.
- Foods that are more frequently consumed by children and adolescents
  - Protection of vulnerable population groups.
- Food Recordatory Data (POF 2008-2009): high sodium intake in all age groups, including children and adolescents.
**Priority foods**

- Breads (French bread, sliced bread and buns)
- Salt-based condiments
- Dairy products (mozzarella cheese, cheese spreads)
- Cookies and crackers
- Margarines
- Mayonnaise
- Processed meat products (hotdogs, sausages, ham, hamburger, breaded meat, and bologna sausage)
- Instant noodles
- Cakes and cake mixes
- Snacks (potato chips, corn snacks)
- Breakfast Cereals
- Soups.

**Food category participation in household sodium intake from processed foods (%) – POF 2008-2009**
Preparations in advance to negotiation

• MoH first internally gathered information about sodium reduction initiatives around the world and designed national criteria to guide negotiation with food industries.

• Main partners in negotiation: National Health Surveillance Agency (Anvisa) and, for dairy and meat products, the Ministry of Agriculture.

• Other partners for monitoring and evaluation: other government sectors, medical societies, universities, research institutions, consumer defense associations etc.
Criteria for establishing sodium reduction targets:

- **Baseline**: Anvisa Technical Report 42/2010, food label inquiries and information from food industries.

- **Upper limit of the category (mg/100g)**: voluntary, gradual, sustainable, realistic and transparent reductions, related to all the products in each category.

- Targets must represent **real impact on sodium consumption** (must, at least, be lower then the baseline averages and/or impact sodium reduction in over 50% of the available brands).

- Intermediate **biannual targets** and final reduction target for 2020.

- **2020: final targets** must be established according to international references (as UK and Canada) and lowest contents of the food categories in the Brazilian baseline.
## Agreements for sodium reduction in processed foods

<table>
<thead>
<tr>
<th><strong>1st Agreement</strong> (April 2011)</th>
<th><strong>2nd Agreement</strong> (October 2011)</th>
<th><strong>3rd Agreement</strong> (August 2012)</th>
<th><strong>4th Agreement</strong> (November 2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Instant pasta</td>
<td>• Potato chips</td>
<td>• Margarine</td>
<td>• Breaded meat</td>
</tr>
<tr>
<td>• Industrialized sliced bread</td>
<td>• Corn snacks</td>
<td>• Breakfast cereals</td>
<td>• Hamburgers</td>
</tr>
<tr>
<td>• Buns</td>
<td>• Filled cakes</td>
<td>• Salt based condiments (bouillon cubes, gels, powders and paste)</td>
<td>• Sausages</td>
</tr>
<tr>
<td></td>
<td>• Non-filled cakes</td>
<td>• French bread</td>
<td>• Bologne</td>
</tr>
<tr>
<td></td>
<td>• Cake rolls</td>
<td></td>
<td>• Hams</td>
</tr>
<tr>
<td></td>
<td>• Aerated cake mixes</td>
<td></td>
<td>• Hotdogs</td>
</tr>
<tr>
<td></td>
<td>• Creamy cake mixes</td>
<td></td>
<td>• Mozzarella cheese</td>
</tr>
<tr>
<td></td>
<td>• Mayonnaise</td>
<td></td>
<td>• Cheese spread</td>
</tr>
<tr>
<td></td>
<td>• Salted crackers</td>
<td></td>
<td>• Soups</td>
</tr>
<tr>
<td></td>
<td>• Sweet cookies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Filled cookies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Monitoring the biannual targets:

- Food labelling
- Laboratory analysis
- Use of sodium-based ingredients

- Period for data collection and analysis: starts by the end of the year of reference for the targets (ex. evaluation of the 2012 targets in 2013). 
Monitoring the first sodium reduction agreement
94.9% of the Abia products had sodium levels lower than the targets.
Monitoring – Food labelling

INSTANT NOODLES (ABIA)

15.3%

Average sodium content (mg/100g)

INSTANT NOODLES: (whole market)

11.7%
SLICED BREAD (ABIA):

- **10.8%**

  - 2011: 426,5
  - 2013: 380,3

  **97.7% of the Abia products met the targets**

SLICED BREAD (whole market):

- **13.4%**

  - 2011: 440,0
  - 2013: 381,1

BUNS (ABIA):

- **10.9%**

  - 2011: 436,1
  - 2013: 388,5

  **100% of the Abia products met the targets**

BUNS (whole market):

- **14.2%**

  - 2011: 455,9
  - 2013: 391,0

Average sodium content (mg/100g)

**Monitoring – Food labelling**
Monitoring the second sodium reduction agreement
Monitoring – Food Labelling

Mayonnaise

Average sodium content (mg/100g)

100% products met the 2012 targets

16.2%
Monitoring – Food Labelling

Cakes (no filling)

- 2011: 335.7 mg/100g
- 2013: 282.7 mg/100g
- 15.8% of products met the 2012 target.

98.5% products met the 2012 targets.

Cakes (filled)

- 2011: 249.9 mg/100g
- 2013: 212.3 mg/100g
- 15.0% of products met the 2012 target.

95.6% products met the 2012 targets.

Cake roll

- 2011: 204.5 mg/100g
- 2013: 161.3 mg/100g
- 21.1% of products met the 2012 target.

100% products met the 2012 targets.
Monitoring – Food Labelling

Aerated cake mixes

- Average sodium content (mg/100g)
  - 2011 = 125
  - 2013 = 201
  - 16.6% decrease

- 100% products met the 2012 targets

Creamy cake mixes

- Average sodium content (mg/100g)
  - 2011 = 26
  - 2013 = 40
  - 5.9% decrease

- 95% products met the 2012 targets
Monitoring – Food Labelling

Corn snacks

- Average sodium content (mg/100g)
  - 2011 = 65
  - 2013 = 39
  - 9.4%

100% products met the 2012 targets

Potato chips

- Average sodium content (mg/100g)
  - 2011 = 22
  - 2013 = 28
  - 13.7%

96.4% products met the 2012 targets
### Monitoring – Food Labelling

#### Sweet cookies

- **2011:** 359.2 mg/100g
- **2013:** 318.2 mg/100g

**11.4%** reduction from 2011 to 2013. 100% products met the 2012 targets.

#### Salted crackers

- **2011:** 695.76 mg/100g
- **2013:** 660.39 mg/100g

**5.1%** reduction from 2011 to 2013. 99.5% products met the 2012 targets.

#### Filled cookies

- **2011:** 259.46 mg/100g
- **2013:** 242.65 mg/100g

**6.5%** reduction from 2011 to 2013. 25% products met the 2012 targets.
• As a voluntary approach there is no legal measure to punish companies that do not comply to targets (*needs strong commitment*).

• Companies with products that have not achieved the targets are officially asked to explain the reasons for that and to explain their adjustment plan.

• So far, **ALL COMPANIES HAVE EXPLAINED THEMSELVES AND ALREADY HAVE ADJUSTED SODIUM LEVELS TO THE TARGETS.**
Total sodium reduction by food industries

Considering the two first agreements, 5,230 less tons of sodium in foods until 2012 and 7,652 tons less until 2014.

Considering all agreements, it is estimated over 28,562 less tons of sodium until 2020.
As the Pro Tempore President of Mercosur in the first semester of 2015, Brazil proposed a Common Market agreement between Argentina, Brazil, Paraguay, Uruguay and Venezuela for enrolling all countries in setting targets based on the PAHO SaltSmart for:

- Breads
- Soups
- Biscuits
- Cakes
- Meat products
- Dairy products
- Breakfast cereals
- Butter and margarine
- Snacks
- Pasta
- Condiments
Negotiation with multiple stakeholders has allowed a broader impact in sodium reduction and commitment to the targets (*all industries that had not met the targets have later adjusted their products to the new sodium limits*).

So far, the voluntary targets have reduced not only in the upper limits of sodium, but also significantly reduced the average sodium content of products.

Inducing effect (impacts in the whole market): sodium reduction also by industries that have not signed the agreements.
Conclusions and next steps

- Need for new negotiations for setting new targets for the products, for further reductions.

- In the near future, possibly regulate sodium levels based on the targets set for food categories.

- Continued monitoring of the other agreements and other ingredients (as sugar).

- Assessment of population impacts (surveys: hypertension prevalence, urinary sodium and iodine).
Cost effective intervention for salt reduction
Making it possible in the Americas through partnerships

Branka Legetic, regional adviser, Secretariat of Americas Salt Initiative
PAHO-WHO
<table>
<thead>
<tr>
<th>Disclosure of Relationship</th>
<th>Company/Organization(s)</th>
<th>If you think this might be perceived as biasing your presentation or a conflict of interest, identify how you will address this in your presentation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have ownership interest or other financial interest in the company (i.e. stocks, stock options or other ownership interest, excluding diversified mutual funds)</td>
<td></td>
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<tr>
<td>I am a member of an Advisory Board or similar committee</td>
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<tr>
<td>I am a member of a Speaker’s Bureau</td>
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<tr>
<td>I am involved in research grants and funding from industry</td>
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<tr>
<td>I am currently participating in or have participated in a clinical trial within the past two years</td>
<td></td>
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<tr>
<td>I have received honorarium, consulting fees, salary, royalty, grant-in-aid or other monetary support received from or expected from the company</td>
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</tr>
<tr>
<td>I have ownership in a patent for a product referred to in the presentation or marketed by the company</td>
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</tr>
<tr>
<td>I am involved in the design of clinical studies concerning the use of products manufactured by the company</td>
<td></td>
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</tr>
<tr>
<td>My spouse or close family member(s) have commercial affiliation(s)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Using COI above template I have nothing to disclose
Best buy:

- Reducing tobacco use by 20%
- Lowering salt intake by 15%
- Increase coverage of patients at high risk of Cardiovascular Diseases with simple drug regimen to 60%

= 3.4 M deaths prevented in LAC in the next 10 years


The tobacco and salt intake interventions would be cost than US $ 0.40 per person/year in low and middle income countries, and US$ 0.50-1.00 in upper middle-income countries.
Global Target by 2025:

30% relative reduction in mean population intake of salt/sodium intake.

Footnote: WHO recommendation is less than 5 grams of salt or 2 grams of sodium per person per day.
Salt Smart Americas

Policy Goal: Gradual and sustained drop in dietary salt consumption to < 5 gr/d/person till 2020…

**Government**
- Policy
- Standardized food labels
- Educate public
- Regulation
- Surveillance
- Food advertising Regs.

**Civil society**
- Policy
- Educate members
- Educate policy makers
- Advocate/Media
- Coalition building

**Industry**
- “Best in class” and “Best in world” salt products.
- Reformulation schedules
- Clear, easy to use labels
- Promote health benefits

**Public**

**Know**
- Salt dangers
- Personal risk
- What to do

**Do:**
- Monitor salt intake
- Read labels
- Understand labels
- Make best choice

Know

<table>
<thead>
<tr>
<th>Do:</th>
<th>Know</th>
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<tbody>
<tr>
<td>Monitor salt intake</td>
<td>Salt dangers</td>
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<tr>
<td>Read labels</td>
<td>Personal risk</td>
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<tr>
<td>Understand labels</td>
<td>What to do</td>
</tr>
<tr>
<td>Make best choice</td>
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</tr>
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</table>
The Multi-stakeholders Committed to Reducing the Overconsumption of Dietary Salt in the Americas

Provide a platform for dialogue and common action, for generating ideas and for catalyzing and accelerating the implementation of science-based and technically feasible interventions that measurably and significantly reduce the intake of salt in order to improve the lives of people and support countries in the Region to respond effectively to the Political Declaration of the 2011 UN High Level Meeting on NCDs in New York.

Lead the implementation of regional efforts to gradually and sustainably lower dietary salt intake to reach national targets or, in their absence, the PAHO recommended target of less than 5g salt/adult/day by 2020, with relative downward adjustments for intake among children.
2014 United Nations NCD Review side event: Salt-Smart Americas

The event highlighting the Salt-Smart Americas initiative was held on July 10 as part of the 2014... See more
Consortium members:

• Governments: Argentina, Barbados, Brazil, Canada, Costa Rica, Colombia, Chile, Mexico, Paraguay, Trinidad & Tobago. US –FDA

• Civil Society & professional associations: CI, WHL, AHA, IHAF, SLAHN, HCC,

• Private sector: Bimbo, UNILEVER, Mondelez int, COPAL, ABBiA

• PAHO TAG: experts
SALT SMART CONSORTIUM
priorities 2014-16

• Changing a social norm around salt/sodium consumption

• Product reformulation
Changing a social norm about salt/sodium consumption

“Less is more”
Current consumer situation:

Figure 2.1. Summary of answers of self-reported attitudes, knowledge and behaviors related to health, diet and salt consumption, 2010/11

“I believe that eating a diet high in salt can cause serious health problems”

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Argentina</th>
<th>Canada</th>
<th>Chile</th>
<th>Costa Rica</th>
<th>Ecuador</th>
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</thead>
<tbody>
<tr>
<td>%</td>
<td>89</td>
<td>98</td>
<td>93</td>
<td>89</td>
<td>87</td>
<td>76</td>
</tr>
</tbody>
</table>

Figure 5.1. Summary of responses concerning the relationship between food labeling and salt/sodium consumption, 2010/11

“I always/often read nutrition labels on food packages”

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Argentina</th>
<th>Canada</th>
<th>Chile</th>
<th>Costa Rica</th>
<th>Ecuador</th>
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</thead>
<tbody>
<tr>
<td>%</td>
<td>35</td>
<td>28</td>
<td>58</td>
<td>33</td>
<td>25</td>
<td>31</td>
</tr>
</tbody>
</table>

Figure 2.4. Summary of answers of self-reported attitudes, knowledge and behaviors related to health, diet and salt consumption, 2010/11

“I know in general how much salt food contains”

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Argentina</th>
<th>Canada</th>
<th>Chile</th>
<th>Costa Rica</th>
<th>Ecuador</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>48</td>
<td>40</td>
<td>52</td>
<td>62</td>
<td>51</td>
<td>34</td>
</tr>
</tbody>
</table>

Figure 5.2. Summary of responses concerning the relationship between food labeling and salt/sodium consumption, 2010

“I would like to see a clear warning label on the package if foods are high in salt/sodium”

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Argentina</th>
<th>Canada</th>
<th>Chile</th>
<th>Costa Rica</th>
<th>Ecuador</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>85.8</td>
<td>93.3</td>
<td>75.4</td>
<td>91.8</td>
<td>87.9</td>
<td>80.9</td>
</tr>
</tbody>
</table>
And even worse:

Figure 2.2. Summary of answers of self-reported attitudes, knowledge and behaviors related to health, diet and salt consumption, 2010/11

“I think I consume too much salt”

<table>
<thead>
<tr>
<th>Country</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>12.9</td>
</tr>
<tr>
<td>Argentina</td>
<td>12.5</td>
</tr>
<tr>
<td>Canada</td>
<td>26.1</td>
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<tr>
<td>Chile</td>
<td>11.5</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>10.1</td>
</tr>
<tr>
<td>Ecuador</td>
<td>4.3</td>
</tr>
</tbody>
</table>
Potential Strategic Roles for Social Marketing

1. Increase awareness of the dangers of too much salt in diets.
2. Increase awareness of sources of salt in average diet.
3. Increase the perceived benefits of a salt-free life.
4. Increase the sense that everyone is at personal risk.
5. Increase a sense that cool people are cutting back on salt.
6. Increase the belief that it is not hard to reduce salt intake.
7. Provide a cue to salt reducing behavior.
8. Reward people who are reducing salt intake
9. Promote public commitments to reduce salt intake.

10. Accelerate policy change to support salt reduction.
11. Reward companies who are realizing salt reduction.
We Don’t Have to Focus only on Health

Abortion

Pro Life
Pro Choice

Salt

Health
Safety

Taste
Pleasure
Focus on other needs.

What benefits do people care about?

- Family
- Fun
- Social Status
- Community
- Taste

Cool
The largest source of salt is processed foods.....

Strategic Objective: Reduce the amount of high salt foods people buy.

1. Reduce the high salt foods for sale.

2. Reduce the choices people make.

Target Behavior: Mothers of small children avoid high salt foods.
1. Honest labels exist: 2. read and understand labels  3. cost of labeled food is affordable.
ARGENTINA INITIATIVE TO REDUCE SODIUM CONSUMPTION
Brazil: National Strategy for Reducing Sodium Consumption

**Goal:** to reduce sodium consumption to less than 2,000mg/day (5g/day of salt) until 2020.

**Areas for action:**
- Promoting healthy diets and improving the supply of healthy foods.
- **Voluntary reduction of sodium content of processed foods** and foods sold at food service establishments and restaurants.
- Nutritional labeling and consumer information.
- Education and sensibilisation of consumers, industries, health professionals and other partner
Programa “Menos sal, más Salud”
Barbados Initiative: salt reduction

- Patron of and support for Agrofest 2011, “Healthy Living through Agriculture”
- Workshop for Agrofest food vendors
- Discussion with bakery and food producer around product reformulation
- “Salt seminar” for food and drink producers and manufacturers
- Featured low salt issue, using facebook, and cell phones in the Get the Message mobile phone advocacy
CANADA: Healthy Eating Awareness and Social Marketing Initiatives

2011        2012                  2013                2014

Healthy Eating with Canada’s Food Guide

Phase 1: Healthy Eating & Nutrition Labelling

Phase 2: Healthy Eating & Sodium Reduction

Phase 3: Healthy Eating & Healthy Weights
APPLYING A SOCIAL MARKETING FRAMEWORK TO SALT REDUCTION
Social marketing project

- Undertaken by the PAHO led Salt Smart Consortium, acting as the Secretariat, supported by the Healthy Caribbean Coalition (HCC) and the American Heart Association (AHA)

- Technical support provided by the University of South Florida.

- Project goal: Prepare Healthy Caribbean Coalition (HCC) to work towards its goal of reducing dietary sodium intake by providing training and technical assistance on the use of social marketing.

- Use of marketing concepts to promote social good

- Influence behaviors
  - Individuals or end consumer
  - Providers and stakeholders
  - Policy makers
Participating countries and Organisations

**St Vincent**
- Chief Medical Officer, Ministry of Health
- Communications Officer
- Health Promotion Officer
- National Surveillance Officer
- Representative of Soroptomist International

**Jamaica**
- Prof. of Medicine, UWI, Mona.
- Director, Health Promotion, Ministry of Health.
- Director, TMRI, UWI, Mona.
- Medical Director, Guardian Life Insurance
- Manager, Health Promotion, Heart Foundation

**Barbados**
- SHPO, Ministry of Health
- NCD Commission Representative of Private Sector
- Representative of Media
- Nutritionist, CDRC

**Bahamas**
- Social marketing-sodium restriction

**Antigua**
Product reformulation
The voluntary agreements with handmade manufacturers of bread aims to reduce 25% the salt content of bread at bakeries. These agreements were sponsored by the baker’s union and the National Institute of Industrial Technology (FAIPA and INTI).

1st SALT LAW in the Region
November 2013
Law N° 26.905 of Promotion of the sodium intake reduction in the population

- Backgrounds:
  Sodium Intake reduction campaign with the Argentine Federation of bakers and related.
  Conventions of Voluntary and Progressive Reduction of the Content of Sodium in Processed Foods signed with the Food Industry

- Approved Law: on 13/11/13 with a total of 12 articles.

- Set the maximum and a gradual decline for groups and food products not covered by Annex I;

- Set in the containers in which the sodium is marketed health messages that warn of the risks involved excessive consumption;

- Determine advertising of products containing sodium health messages about the risks of excessive consumption;

- Determine in accordance with the judicial authorities the health message to accompany the menus of dining establishments, to the risks of excessive consumption of salt;
Brazil: National Strategy for Reducing Sodium Consumption

**Goal:** to reduce sodium consumption to less than 2,000mg/day (5g/day of salt) until 2020.

**Areas for action:**
- Promoting healthy diets and improving the supply of healthy foods.
- **Voluntary reduction of sodium content of processed foods** and foods sold at food service establishments and restaurants.
- Nutritional labeling and consumer information.
- Education and sensibilisation of consumers, industries, health professionals and other partner
**Chile**

- **Chile**: sodium levels in bread: down from >830 mg/100 g to 479 mg/100 g (average)
- **Argentina**: agreement to lower salt in bread and cookies (including Bimbo), 25% achieved
Por la cual se reglamenta el contenido de sal (cloruro de sodio) en productos panificados de consumo masivo
Propósito: implementar acciones y fomentar estilos de vida saludables, asociados particularmente al sodio, que incluyen una alimentación saludable y equilibrada, nutricionalmente adecuada
A GUIDE FOR SETTING TARGETS AND TIMELINES TO REDUCE THE SALT CONTENT OF FOOD

Prepared by:
WHO/PAHO Regional Expert Group for Cardiovascular Disease Prevention through Population-wide Dietary Salt Reduction,
Sub-group on industry liaison

May 2013
Regional sodium reduction targets in the Americas

Concepts:

- Promote harmonization using existing national targets.
- Build on the current targets and timelines of countries in the Americas.
- Utilize the technical document of the PAHO TAG for establishing targets.
- Utilize regional expertise in adopting regional targets.
- Implementation: collaborative activity of government, industry and civil society
Regional sodium reduction targets in the Americas

Concepts
Use maxima levels to facilitate implementation and monitoring.
Facilitate more rapid reduction in dietary salt/salt content of foods in countries where targets do not currently exist.
Use major food groups contributing to salt consumption.
Targets regularly reassessed (biennially) based on progress and barriers.
Based on industry volunteerism with peer responsibility for adoption.
Transparent monitoring by third party to assure accountability.
Consensus reached:

• Regional targets are agreed upon, based on existing targets approved by governments in the Americas.

• Regional targets are voluntary and recommended as a starting point for product reformulations. Governments may set or regulate different targets, and are encouraged to develop more stringent targets appropriate to their national situations.

• Existing maximum values are the basis for regional targets in an initial phase of harmonization; regional targets apply to a limited number of key food categories.
Consensus (2)

• The regional target for a food category is the highest value in the range of existing maximum values; it is expected that the regional target will evolve towards the lower target in the range.

• Regional targets will be revised on a two-year cycle as progress with reformulations in the key food categories shifts salt/sodium levels downwards.

• Monitoring and evaluation of industry adherence to regional targets will be transparent.
Agreed Regional Targets

• based on food categories and targets set by governments in Argentina, Brazil, Canada, Chile & NSRI (US)

• 12 Food categories: Bread; Soups, Mayonnaise, Biscuits and Cookies, Cakes, Meat, Cereals, Cheese, Butter/Diary spreads, Snacks, Pasta, Condiments,

• main food sources of sodium: high sodium levels or high amounts consumed in 5 countries in the region

• Targets are technically feasible, and respected the food characteristics of a category

• the targets have a relative consistency in the Americas

• In most cases, targets are for broad categories, as many of the sub-categories are quite country specific

• To be revisited every two years to assess advances, lower the targets and expand No of targeted food groups
Regional Targets – Example – Bread

• Reasonable Consistency
  ▪ All breads range from 400 to 600 mg/100 g
  ▪ Regional target – 600 mgNa/100 g
  ▪ Lower Target 400mgNa/100 g

• Chile: sodium levels in bread: down from >830 mg/100 g to 479 mg/100 g (average)

• Argentina: agreement to lower salt in bread and cookies (including Bimbo), 25% achieved

• Most categories were handled in a similar approach
Regional Targets – Example 2 – Meats

Obvious reasons for different sub-category targets

Cooked, uncooked, and processed meats and sausages [not including uncured or fresh meats]

- Most 550-1210 mgNa/100 g
- Regional target – 1210 mgNa/100 g  Lower Target: 690 mgNa/100g

Dry cured and products conserved at room temperature

- Most 1350-1900 mg/100 g
- Regional target – 1900 mgNa/100 g  Lower target: 1350 mgNa/100g

Breaded meat and poultry:

- Regional target 735 mgNa/100g  Lower Target: 470 mgNa/100g
Regional Targets – Example 3 – Dairy/Cheese

- Unable to set a harmonized target – very wide variation in product types and existing targets
  - Range 210 – 2530 mg/100 g
  - Countries recommended to use the table to set limits for comparable products

Regional Targets – Example 4 - Condiments

<table>
<thead>
<tr>
<th>CONDIMENTS</th>
<th>2013 CODE</th>
<th>2015</th>
<th>2016</th>
</tr>
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<tbody>
<tr>
<td>condiments for pasta</td>
<td>33,134(2015)</td>
<td>seasonings for side and main dishes</td>
<td>9,100(2016)</td>
</tr>
<tr>
<td>other salt based condiments (e.g. for meat)</td>
<td>21,775(2015)</td>
<td>bouillon cubes and powders (as consumed)</td>
<td>360/100 mL (as consumed) (^{10}) [e.g. 18,000 (dry) assuming 5g powder/250 mL]</td>
</tr>
<tr>
<td>bouillon cubes and powders (dry)</td>
<td>20,500(2015)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REGIONAL TARGET FOR RICE AND SIDE/MAIN DISH CONDIMENTS (NOT MEAT OR FISH): 33,100 mg Na / 100g (2016); LOWER TARGET: 9,100 mg Na / 100g (2016)
REGIONAL TARGET FOR MEAT AND FISH CONDIMENTS: 23,000 mg Na / 100g (2016); LOWER TARGET: 21,775 mg Na / 100g (2016)
REGIONAL TARGET FOR BOUILLON CUBES AND POWDERS: 20,500 mg Na / 100g (2016); LOWER TARGET: 18,000 mg Na / 100g (2016)
Monitoring

- Food Industry voluntarily provides data on products from 12 food categories
- Civil society uses protocols for food sampling in store and I Phone software to collect photos of foods
- WHO CC for salt reduction in George Institute secures data entry into spreadsheets/database by:
  - Categorization of foods
  - Comparisons
    - In country
      - By food category
      - By manufacturer
      - Over time
    - Between countries
Engagement: Role for each stakeholder in partnership

- PAHO as secretariat circulates the regional targets and supports / collects implementation
- PAFNCD/PAHO/TAG support countries anticipating targets to build necessary capacities
- Industry voluntarily and regularly provides food composition data on products in the key categories to an independent institution
- Civil society entity collects label data
- An independent institution collects product samples and label data and confirms accuracy as well as change in salt/sodium levels in products in the selected categories
Instead of conclusion:

- Classical PH approach to population health behavior issues provides change in knowledge on the topic, but small or no change in health risk behavior.

- Social marketing is a strategic approach that uses different technics to produce behavior change with further social change aiming at social good.
Instead of conclusion:

• Establishment of regional salt/sodium reduction targets will benefit all:
  • National strategies to improve the quality of the food supply
  • Food industry processes
  • Countries without targets can take advantage of the targets and timelines already in place and the lessons learned
  • Consumers will be in a better position to achieve the recommended intake and the associated health gains;
  • Food companies can migrate to harmonized formulations for same-products supplied to markets in the Americas.
More info on the initiatives in the Americas

- PAHO “salt “web page:
- AHA web page: http://sodiumbreakup.heart.org/sodium-411/sodium-kids/
- Alass web page: http://www.alass.net/index.php/semana-de-la-sal
Thank you