Dietary Salt Reduction in the America’s

Norm Campbell, Co-Chair Technical Advisory Group to mobilize cardiovascular disease prevention through dietary salt control policies and interventions
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 2009-11

The Expert Group: Create tools and resources to support dietary salt reduction in the America’s
PAHO Technical Advisory Group   2012-

Technical Advisory Group: Create tools and resources to support dietary salt reduction in the America’s
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.

**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 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 has 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 unusually 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 even 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 highest 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-rich fortification efforts.

63 endorsements of Road Map by NGO and Government
**Policy Statement**

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.

<table>
<thead>
<tr>
<th>National governments</th>
<th>Non-governmental organizations</th>
<th>Food industry</th>
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<tbody>
<tr>
<td>Seek a multi-sectoral endorsement of the Policy Statement</td>
<td>Endorse this policy statement</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>
<td>Educate memberships on the health risks of high dietary salt and how to reduce salt intake.</td>
<td>Make current best in class and best in world low salt products and practices.</td>
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<td>Initiate collaboration with domestic food industries</td>
<td>Promote and advocate media releases on dietary salt reduction</td>
<td>Provide salt substitutes readily available at affordable prices.</td>
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<td>Regulate food industry to match the lowest salt content in the specific food category</td>
<td>Broadly disseminate relevant literature.</td>
<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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<td>Development of surveillance system that monitors population salt intake</td>
<td>Educate policy and decision makers on the health benefits of lowering blood pressure among normotensive and hypertensive people, regardless of age.</td>
<td>Use standardized, clear and easy-to-understand food labels that include information on salt content.</td>
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<td>Review national salt fortification policies and recommendations</td>
<td>Promote coalition building, increase organizational capacity for advocacy and develop advocacy tools to promote civil society actions.</td>
<td>Promote the health benefits of low salt diets to all peoples of the Americas.</td>
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The Healthy Latin American Coalition (40 civil society organizations) launched a specific initiative ‘Asociación Latino Americana Sal y Salud (ALASS)’. 

- Engagement in WHO platform 1: Creating an enabling environment. June 30 - July 2, 2010
- 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
Critical appraisal of the literature regarding methods for determining sodium, potassium, iodine in the urine.
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...
Economic studies on the cost effectiveness and cost savings from population level dietary salt reduction

- Projects in Argentina, Mexico, Brazil, Chile:
  Cardiovascular Disease Policy Model: using a national cardiovascular disease simulation model to project the impact of national dietary salt lowering programs

Project for the PAHO region
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

Codex Alimentarius:

- Commission on labeling
- Commission of nutrients of special importance for prevention of NCDs
- ‘Industry questionnaire’ (for multinational and national food manufacturers) to identify progress and intentions to reduce salt additives and industry leaders.
- Guide for setting targets and timelines to reduce salt content in food throughout the Americas.
- Salt Smart Consortium
Joint PAHO and World Economic Forum on Latin America meeting and the “2011 Statement of Rio de Janeiro” created jointly by governments, the food industry and civil society together it encourages stakeholders to act now to improve the health of the people of the Americas using a comprehensive multisectoral approach to specifically reduce dietary salt!
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
2013 May 17 ” World Hypertension Day”

• Launch of:
  Salt Smart Americas
  Guide for country action on salt reduction
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 in the Americas

Concepts:

- Promote harmonization using existing national targets.
- Build on the current targets and timelines of countries in the America’s.
- 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

- 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.
Regional sodium reduction targets in the Americas

• Not to override current national targets and timelines.
• Not to override countries from developing targets for additional food categories or setting more stringent maximums.
• Not to diminish salt reduction efforts in the entire product line of companies.
Monitoring

- Food Industry voluntarily provides data on products from 12 food categories
- Civil society uses: protocols for food sampling in store and IPhone 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

• AHA web page: http://sodiumbreakup.heart.org/sodium-411/sodium-kids/
Thank you