

## World Economic Forum on Latin America Rio de Janeiro, Brazil 27-29 April 2011

### Creating Healthier Environments and Lifestyles: Catalysing Concrete Actions towards the UN Summit on Non-Communicable Diseases (NCDs)

The Pan American Health Organization (PAHO) and the World Economic Forum (the Forum) have been working together to prepare for the UN Summit on NCDs that will take place in New York in September 2011. This collaboration aims, among other things, to catalyse advances in two specific areas: healthy workplaces, as a common denominator for all employers across industries, geographies and sectors; and sodium/salt reduction in processed foods, requiring collaboration between governments, regulatory agencies, civil society and private sector companies engaged in food processing.

Moderated by **Barbara Legowski**, Consultant on NCD Policy

#### Discussion Overview

Non-communicable diseases (NCDs) are no longer maladies of affluence. Their prevalence is increasing at alarming rates worldwide, in part due to a changing environment where globalization has shifted populations to urban settings with ever-growing numbers of cars and pollution, lack of safe space for physical activity and lack of access and availability to healthy food, leading to unhealthy eating habits and increasing sedentary lifestyles. Between the four main diseases – diabetes, cancer, cardiovascular disease and chronic pulmonary conditions – and the four main risk factors – unhealthy diets, lack of physical activity, use of tobacco and harmful use of alcohol – everyone is concerned by this epidemic. In the Americas, approximately 250 million people out of 940 million are living with an NCD, and each year NCD-related deaths wipe out the equivalent to the population of a small country such as Costa Rica.

It is known that 80% of premature heart disease, stroke and type-2 diabetes cases are preventable, and 40% of cancers are preventable. Known interventions to prevent or mitigate these chronic diseases include a healthy diet, among others, which can be facilitated by improving accessibility to and affordability of fresh produce, fat-free milk and unrefined grains, and the reformulation of processed foods to reduce sodium/salt, sugar, saturated fat and trans fat (TFA) content. Two entry points that can be leveraged for additional encouragement towards lifestyle changes are schools and the workplace.

The event held in Rio focused on healthy workplaces and sodium/salt reduction in processed foods.



**Otaliba Libano Morais**, representative of the Ministry of Health of Brazil, and **Enrique Gil**, representative of the Pan American Health Organization

#### Regional Case Study: Brazil

In Brazil, the number one cause of death among people over 40 years of age is cardiovascular disease. Monitoring of risk factors shows that over 15% of the population smokes (with more than 10% passive smokers both at home and in the workplace), 18% is showing signs of alcohol abuse, almost 30% consumes over five soft drinks a week, and close to 30% of Brazilians watch over three hours of television a day. Almost 50% of the population is overweight and 15% is obese – within just over a decade, Brazil might reach levels of obesity on par with the United States.

To curb these trends, the Ministry of Health has three foci: health surveillance, health promotion including health academies and initiatives such as sodium/salt reduction in processed food, and an investment in integral care (primary care and access to medicines). A National Forum has also been created to elaborate a National Plan for NCDs.

For sodium/salt reduction, Brazil is setting a prime example by collaborating with industry associations and private sector companies to work towards the consumption target of under 5 g salt/day by 2020. Four pillars of the strategy are sodium reduction in processed food, nutritional labelling and consumer information, increasing the offer of healthy goods, and educating and sensitizing the population on salt usage.

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### Healthy Workplaces

The World Health Organization (WHO) has developed a model for healthy workplaces with four areas of focus to ensure a comprehensive and holistic approach: the physical work environment, the psychosocial work environment, personal health resources, and enterprise involvement in the community. Workplace programmes offer the double benefit of promoting and improving workers' health. The Workplace Wellness Alliance (the Alliance), launched by the Forum in 2010, builds on the WHO's healthy workplace areas while highlighting the collection of data for a global baseline of metrics, as well as emphasizing the importance of knowledge sharing for increased learnings between companies. The Alliance currently has 43 members and will be put forward in the context of the UN Summit on NCDs as an example of private sector engagement and leadership in NCD prevention, treatment and control.



**Hans Dohmann**, Secretary  
of Health of the City of Rio de  
Janeiro

Two strong examples of healthy workplace programmes were provided by Novartis and SESI Brazil, the former demonstrating the ability of multinational companies to customize their workplace health and well-being programmes based on regional needs, and the latter showcasing how a non-profit working with industry can catalyse greater corporate responsibility and worker productivity.



Working Group on Sodium/Salt Reduction

### Sodium/Salt Reduction

In 2008, 10 multinational private companies (Grupo Bimbo, Ferrero, General Mills, Kellogg's, Kraft, Mars, Nestlé, PepsiCo, The Coca Cola Company and Unilever) pledged to the WHO Director General Margaret Chan to voluntarily contribute to improved health through commitments such as – but not limited to – product reformulation (including sodium/salt reduction) and clearer nutritional information/labelling. That same year, the Declaration of Rio was signed for Trans Fat Free (TFF) Americas. Given that sodium/salt reduction has been identified as one of the concrete measures that can be taken to improve population health, it was deemed important to bring together representatives of different ministries and government agencies, civil society and private sector companies from the region to discuss ways in which the foundation provided by the letter to the WHO Director General and the precedent of the TFF Declaration could be leveraged to move the sodium/salt reduction agenda forward.

### Healthy Workplaces

Companies, governments and civil society can each play a role in the promotion and development of healthy workplaces. Public-private partnerships are also essential, and international agencies must be involved.

Workplace health and well-being depend on having both the right culture and the resources to implement programmes, and requires C-suite commitment with top management advocating for a healthy workplace and setting the right example. Monitoring and evaluation of workplace programmes should measure participation rates and results through health status changes and monitor changes in the workplace environment, and, to ensure sustainability and continuity of programmes, it is vital to count with both employee and employer engagement. An emphasis on the return on investment (ROI) of healthy workplace programmes will help employers of all sizes (SMEs, multinationals, governments, NGOs) to invest in employee health<sup>1</sup>, especially if this is combined with a regional assessment of best practices, barriers and what does or does not work for companies big and small.

<sup>1</sup> An on-line economic model developed for the World Economic Forum can be found at <http://wellness.weforum.org> and helps estimate the full cost of chronic disease within an employed population over the next five years (including healthcare costs and loss of productivity) as well as the potential savings from a customized wellness programme targeting relevant risk factors, and what the ROI might look like.

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On a national level, healthy workplace objectives could be aligned with the ministries of health and of labour to facilitate public sector buy-in; and globally, rating agencies (e.g. GRI, Dow Jones) could be approached to incorporate well-being indicators.



**Alexander Triebnigg**, Country  
President, Novartis Brazil

For an expansion in the Americas, the Alliance needs greater regional membership for which a communication and recruitment plan needs to be developed with supporting tools and documents ready in culturally adjusted formats (e.g. language). A document clarifying data collection and use should also be drafted,

indicating how data will be used and by whom. Communication around the WHO healthy workplace model and Workplace Wellness Alliance should be reinforced, and to start bringing SMEs on board; the Alliance could work with the supply chains of current members.

### *Sodium/Salt Reduction*

The salt and sodium group discussions used as their starting point a draft document, "Dietary Sodium/Salt Reduction in the Americas", for input at the UN summit; see the annex for the updated text. The basis for dialogue was that the government, civil society and private sector stakeholders each have a role to play in sodium/salt reduction; that governments and the food industry are strongly committed to the main principle of sustainable food consumption; and that international organizations have a role to play in convening stakeholders. The consensus was that action need not be delayed by lack of data or agreement on every detail (e.g. consumption levels and targets), given how far consensus is from the ideal regarding sodium/salt consumption, but that stakeholders can act now as they agree on the direction that needs to be taken. Stakeholders also agreed that raising the awareness of consumers and educating them to make informed choices is of mutual benefit.

Aside from specific feedback on the formulation of the Statement, a few complementary ideas were put forward:

- Transfer of technology and knowledge is needed from bigger companies to SMEs and may require government support.
- Best practices in government/food industry collaboration in Latin America need to be documented and disseminated. There are already good examples in 2011.
- Countries should engage the food industry to develop sodium/salt content targets to which voluntary commitments are made, where targets are measurable and feasible.
- Countries can use common economic market platforms to harmonize nutrition labels, regulatory approaches to nutrition issues and trade standards relevant to the import and export of food products.
- The full range of media (TV, Internet, printed press, etc.) should be used to reach consumers and educate them on salt use, to facilitate informed and healthier choices.
- The lack of baseline data on sodium/salt intake, main sources in the diet and on consumer knowledge, attitudes and behaviour towards it is a challenge in the region.
- Partnerships with universities can be leveraged for the reformulation of products.
- Food in schools must increase in quality so that schools and students can be leveraged to encourage healthier habits in communities.

Although these points may not be reflected in detail in the Statement, they should be kept in mind for future dialogues on the topic of sodium/salt reduction, as they could contribute to the advancement of the sodium/salt reduction agenda.

### Next Steps

1. Healthy Workplaces
  - Recruitment
    - Develop a regional recruitment and communication plan for the Americas
    - Contact meeting participants to invite them to join the Alliance if they are not yet members
    - Facilitate peer-to-peer recruitment for a cascade effect in the region

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- Content
  - Establish a document on data collection and use
  - Start developing materials in other languages, e.g. Spanish/Portuguese
  
- 2. Sodium/Salt Reduction
  - Share updated Statement (see annex) to get feedback from participants
  - The Statement is to be used as a basis for facilitating further dialogues on sodium/salt reduction for the UN Summit and beyond, both at regional and national levels

**Disclosures**

The views expressed are those of certain participants in the discussion and do not necessarily reflect the views of all participants, of the World Economic Forum, or of the Pan American Health Organization.

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