



World Health Day

**Norm Campbell, Professor University of Calgary
Co-Chair, PAHO-WHO Technical Advisory Group
on salt reduction**

President Elect, World Hypertension League

WORLD HEALTH DAY - APRIL 7, 2013

Know your numbers

Check your blood pressure. Care for your heart.



140
Hypertension
90

WHY HYPERTENSION

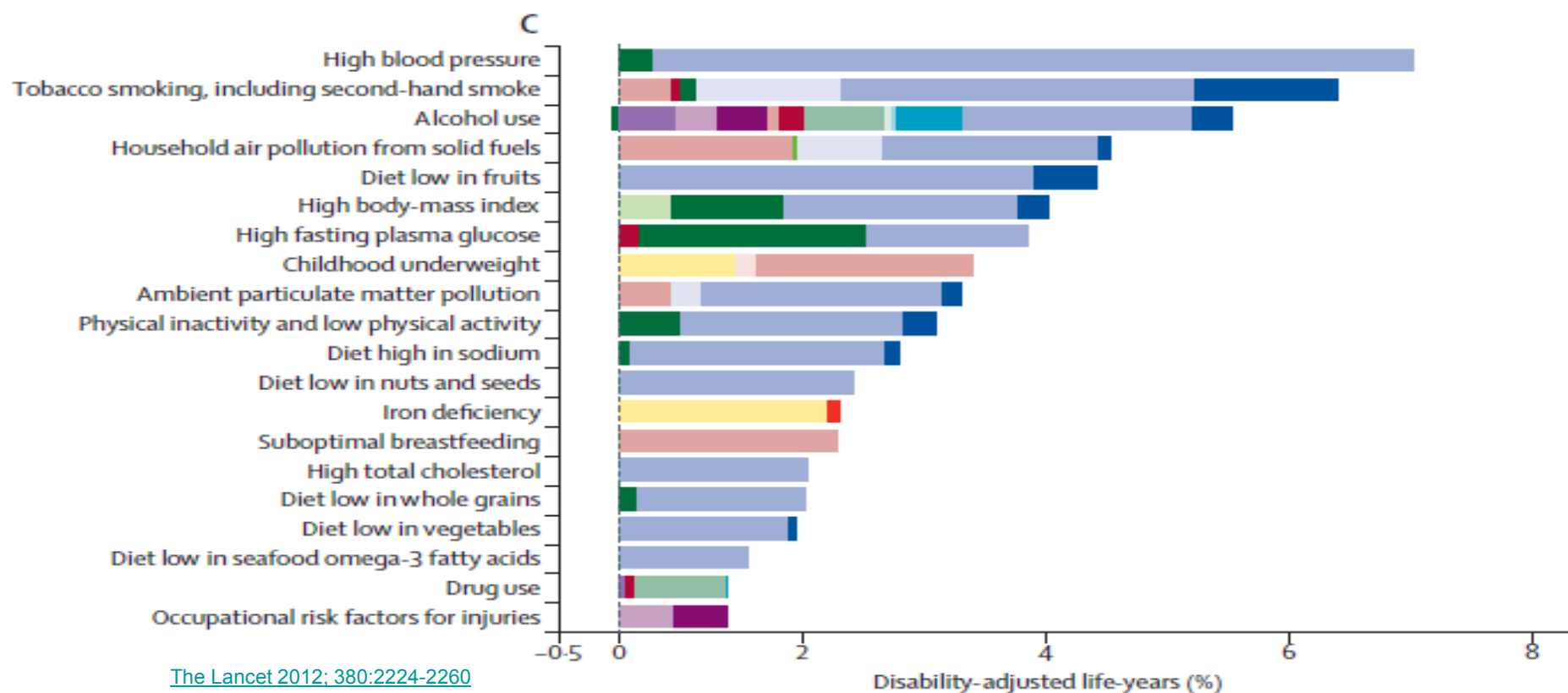
- **MASSIVE DISEASE BURDEN**
- **HIGHLY PREVENTABLE AND TREATABLE**
- **PREVENTION PROGRAMS; LARGELY COST SAVING**
- **HEALTH SYSTEM CHANGES; COST SAVING TO COST EFFECTIVE**
- **DRUG TREATMENT; COST EFFECTIVE AND OCCASIONALLY COST SAVING**



**Pan American
Health
Organization**



The burden of disease related to leading risks 2010



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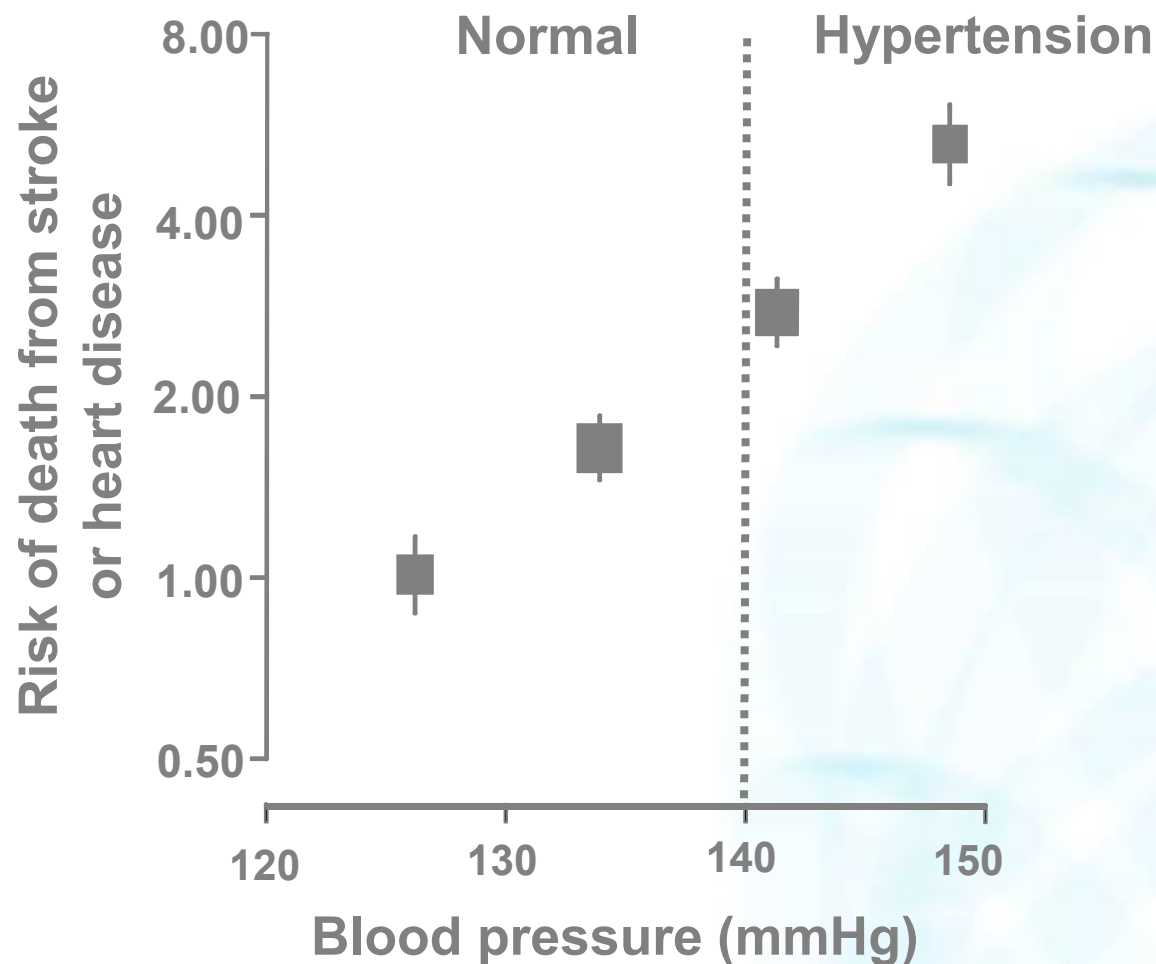
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Causes of hypertension

Risk factor	Approximate attributable risk for hypertension
Increased salt in diet	32%
Decreased potassium in diet	17%
Overweight	32%
Sedentary lifestyle	17%
Excess alcohol	3%



National Academy of Sciences, 2011



Some policy interventions

- **Setting targets and timelines for reducing added sodium, saturated and (elimination) trans fatty acids, and free sugars content of all processed foods with close government monitoring and oversight and preferably regulation.**
- **Implementing healthy food procurement policies.**
- **Implementing clear transparent conflict of interest guidelines to ensure public health food policies reflects public health interests and are free of commercial bias.**
- **Banning advertising (of unhealthy foods) to children.**



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- **Mandated clear easy to understand food package labeling with health implications.**
- **Taxing foods that have added sodium, saturated and trans fatty acids, and free sugars to recuperate health and other societal costs.**
- **Subsidizing the cost and increasing the availability of healthy food in part to recognize the cost savings to health care.**
- **Defining ‘unhealthy’ foods.**
- **Monitoring and evaluation of the health of the food environment.**



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Some regional initiatives





PAHO and salt 2009-2013

- Reducing dietary salt is a best buy to prevent chronic disease and hypertension in particular
- **WHO/PAHO REGIONAL EXPERT GROUP 2009-2011 and TECHNICAL ADVISORY GROUP 2012-2014 FOR POPULATION-WIDE DIETARY SALT REDUCTION**
- To develop recommendations and resources to aid policy development and actions.
- -To provide technical assistance to countries and the region





A group of dedicated passionate volunteers from government, civil society and academia under the leadership of PAHO/WHO.

Developing tools and resources to

- 1) Monitor salt programs.**
- 2) Knowledge translation to ensure all relevant parties are well informed about dietary salt and what needs to be done.**
- 3) Work with the food sector to reduce salt additives to foods.**
- 4) Integrate with programs that fortify salt with iodine to prevent iodine deficiency disorders.**
- 5) Perform health economic analyses of the impact of reducing dietary salt.**
- 6) Ensure up to date interpretation of scientific evidence on dietary salt.**





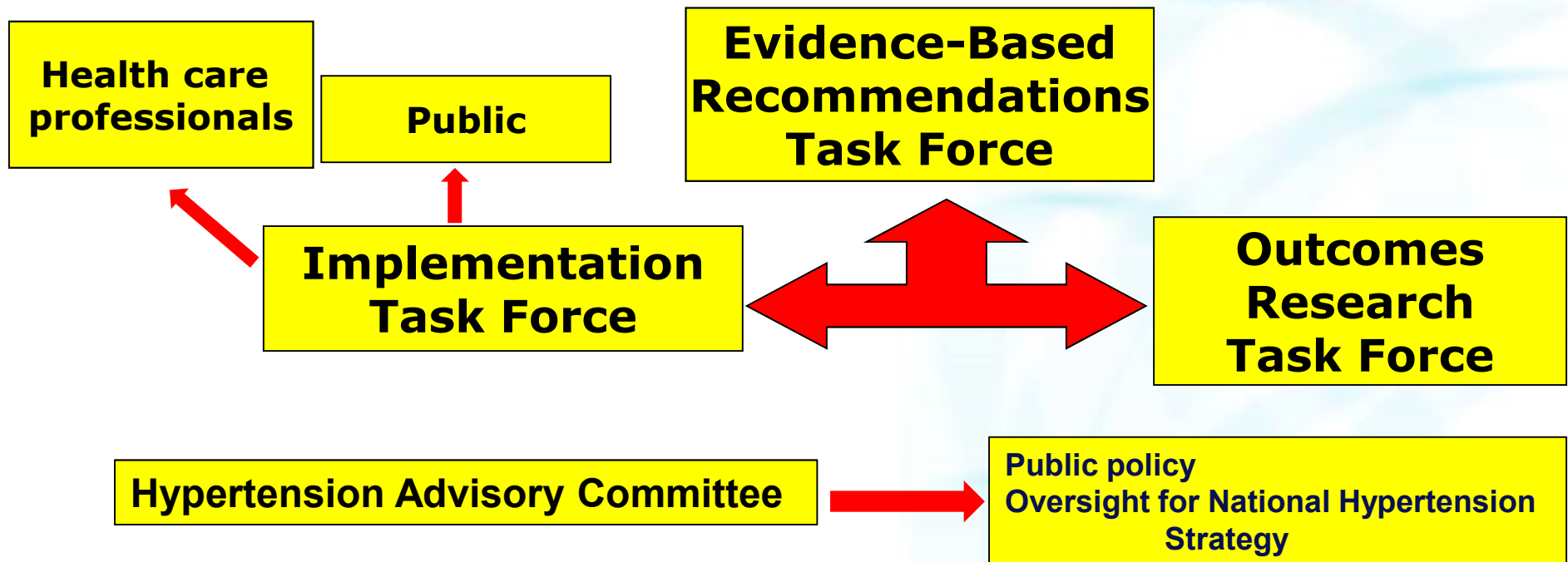
Countries in PAHO region that have Sodium Reduction Activities

**Reducing salt intake in the America's.
Journal of Health Communication. 2011. 16:37-41**

**Special issue on Cardiovascular Disease Prevention
and Dietary Salt Reduction. Pan American Journal of
Public Health 2012 32:**



Hypertension Canada



COMITÉ CONSULTATIF
CANADIEN SUR
L'HYPERTENSION

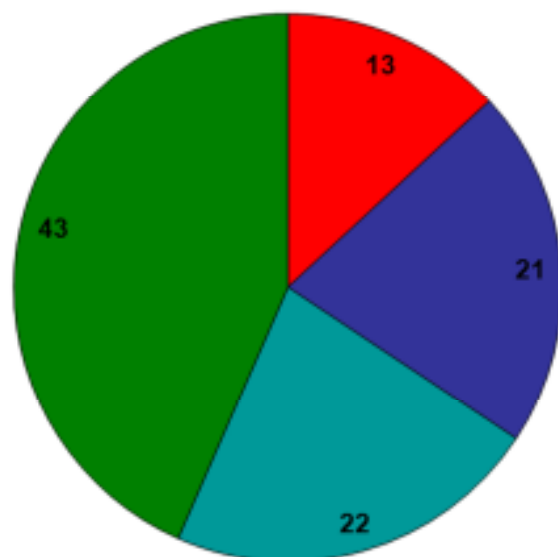


CANADIAN
HYPERTENSION
ADVISORY COMMITTEE

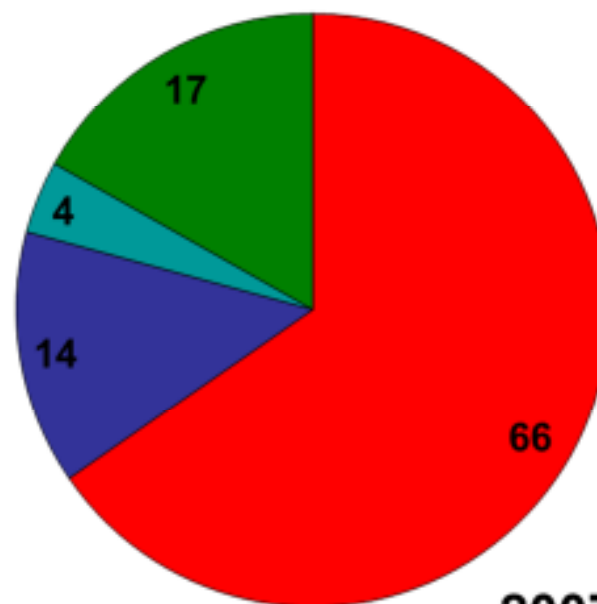


Changes in Control of Hypertension

- Treated and controlled
- Treated not Controlled
- Aware Not Treated
- Not Aware



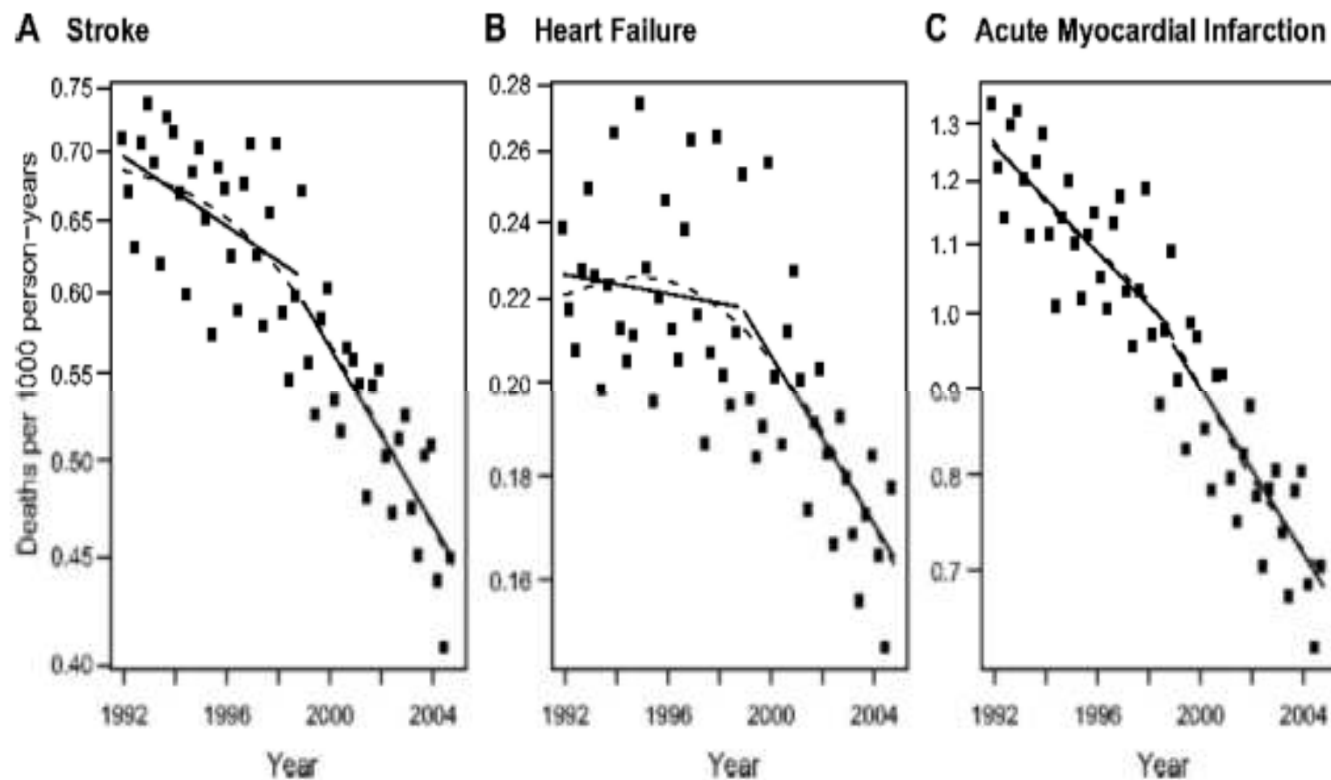
1985-1992



2007/8



Cardiovascular Deaths in Canada 1996 – 2004



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2013 - Evolving CDC-PAHO collaboration to develop a list of core antihypertensive medications and essential health services for hypertension control



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CLOSING REMARKS

- Hypertension is the leading risk for death and disability regionally and globally.
- The causes of hypertension are well known and similar to those of other NCDs.
- The paradigm of using an acute care system model for care and asking for voluntary food industry change is costly, largely ineffective and has contributed to the NCD epidemic.
- The way forward is clear, saving lives, preventing disability, reducing costs and having a healthier more productive workforce but requires a paradigm change in food policy towards regulation and strong policy and health system delivery models to support chronic disease management.





under PRESSURE ?

Cut your risk of heart attack and stroke – control your blood pressure

WORLD HEALTH DAY 2013

www.who.int/control-blood-pressure



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