

Report for the Final Meeting of the PAHO/WHO Technical Advisory Group on *Cardiovascular Disease Prevention through Dietary Salt/sodium Reduction* at the Completion of Phase 2

2-3 September 2015, Pan American Health Organization, Washington DC

Key Messages

To PAHO

- Renew the role for a TAG to guide the next phase of the initiative and refresh the membership.
- Secure resources for the duration of group's mandate to allow it to function on a strategic and tactical basis, with a dedicated lead in PAHO, a secretariat and budget.
- Assisted by the advisors, develop a survey to assess the barriers and facilitators to countries making progress with dietary salt/sodium reduction and in particular the nature of technical assistance needed. Conduct and analyze the survey before the end of 2015.
- Working with the new advisors, develop an action plan for the period 2016-2018 (Phase 3), informed by the survey results, complete with estimates of resource requirements.
- Support and promote the research standards prepared by the international consortium for the scientific study of dietary salt/sodium.

To the next technical advisory group

- Encourage any new surveillance of salt/sodium intake to include the simultaneous assessment of iodine intake.
 - Create a sub-group to work with PAHO on the country survey tool and ensure a robust exploration of the discretionary use of salt/sodium.
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Action Items

There are two TAG representatives on the WHO Global Coordinating Mechanism on NCDs (Mary L'Abbé and Trevor Hassel). A key question there is – how should governments interact with the private sector? Meeting participants should forward to Mary or Trevor their perspectives on the issue.

What has been achieved during Phase 2 in the Region and what is upcoming can be prepared as a short article for publication, similar to what was published in the Lancet for Phase 1. The secretariat is to follow up with Ricardo Correa-Rotter.

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Introduction

In February 2012, the PAHO/WHO Director approved a Technical Advisory Group (TAG) to advise PAHO regarding the implementation of Phase 2 of its regional initiative – *Cardiovascular Disease Prevention through Dietary Salt/sodium Reduction* – for the period 2012 to 2015.

The meeting on 2-3 September 2015 marked the close of Phase 2 and the completion of the TAG's mandate to guide it. The meeting served two purposes: for TAG members to summarize what was achieved during Phase 2 and discuss what to put forward to guide a next phase of the initiative; and for their discourse to inform a final report for Phase 2 that the secretariat was preparing on behalf of the TAG, to submit to PAHO.

Meeting outcomes were that the TAG:

- took stock of the Phase 2 achievements, advances and challenges by area of work (advocacy, communication and social marketing; synchronizing salt/sodium reduction and salt fortification programmes; surveillance; engaging the food industry; and research)
- discussed momentum and opportunities going forward
- agreed to a comprehensive set of recommendations to guide a next phase for the initiative
- formulated key messages to inform PAHO and a new technical advisory group in the immediate term
- clarified the content and audiences for the final report for Phase 2

The report here briefly summarizes the proceedings of the meeting. It focuses primarily on the discussions and decisions taken. Details of the outcomes listed above are presented in the TAG's Final Report for Phase 2 (September 2015), a separate document completed after the meeting. It is posted on the PAHO web site _____.

All presentations made at the meeting are posted on the PAHO web site at _____. Appendices 1 and 2 have the meeting agenda and meeting participants.

Day 1 – Reviewing achievements by area of work

Advocacy, communications and social marketing

Beatriz Champagne (InterAmerican Heart Foundation) spoke to “Advocacy and Communications: Achievements and Observations”. She summarized:

- Research results: mapping of civil society organizations in Latin America and the Caribbean working on salt reduction; an international collaborative project to compare and monitor the nutritional composition of processed foods; by FIC Argentina, the studies on Argentinean experiences in monitoring TFA and sodium content, and the sodium content of processed foods in Argentina and compliance with the national law
- Meeting with civil society organizations on “Sodium Reduction in industrialized foods and its impact on public health”
- Contributions of local data to WASH and ALASS
- Press releases during WASH salt awareness weeks
- Concluding observations and learnings
 - Need to look at larger context
 - It is time to move from voluntary agreements to stricter regulation
 - We still have little hard data to show impact of voluntary agreements or other interventions
 - Voluntary agreements on salt are double-edged swords as they legitimize negotiations with ultra-processed food industry when, salt or not, the products are bad for you

Trevor Hassel (Healthy Caribbean Coalition) described “Population-level dietary salt reduction: the Caribbean experience”, covering:

- the National Nutrition Initiative and Population salt reduction programme (NNIPSR) in Barbados and the MPH dissertation on the knowledge gained and impact of the NNIPSR
- Purity Bakers salt reduction outcomes for Wonderbread
- the Barbados salt intake study
- the pilots on “Social Marketing Training and Technical Assistance to Build Capacity for Dietary Sodium Reduction” in Antigua and Barbuda, Barbados, Jamaica, St. Vincent and The Grenadines, with the University of South Florida WHO Collaborating Centre on Social Marketing for Social Change

Hubert Linders (Consumers International for Latin America) indicated that ALASS intends to be a virtual network of experts (physicians, nutritionists, etc) and organizations (NGOs, academia) involved in reducing salt/sodium consumption, similar to WASH. He described CI activities to support ALASS and inform consumers directly:

- leveraging on WASH salt awareness weeks: directing information to consumers and patients with conditions and diseases affected by high salt/sodium; preparation of consumer information for Argentina, Brazil, the Dominican Republic, Mexico and Panama; translating AHA material on salt/sodium.
- developing an interactive map of the ALASS network that identifies the members and links to their descriptions of activities

Discussion

It is not certain how best to go forward with advocacy and social marketing; the extent of support is uncertain. The impacts of the advocacy and communications undertaken thus far have not been evaluated; it seems that message penetration may be low.

Dietary salt/sodium reduction should become more aligned and/or integrated with other initiatives dealing with diet-related risk factors for NCDs e.g. saturated fats, TFA, sugars, and chronic conditions where diet is implicated e.g. obesity and diabetes. In the latter two cases, excess caloric intake is linked to high salt/sodium intake. Low sodium should not become a diversion from other nutrient issues.

Expanding, aligning or joining other diet-related issues can increase the base of support and influence for promoting an overarching food strategy oriented to healthful diet. However, the caution here is to not lose the salt/sodium focus. The initiative in this Region has made significant gains and dietary salt/sodium reduction on its own is a key element in addressing NCDs. Salt/sodium reduction can be positioned with initiatives on other nutrients, and there should be cohesion and coherence among them but the integrity of salt/sodium reduction needs to be retained.

Instituting mandatory targets for salt/sodium content or shifting from voluntary to mandatory targets is country-dependent. The UK is the best-known example of a successful voluntary approach. In this Region, voluntary targets in Brazil are having an impact. Costa Rica is starting with voluntary targets and intends to shift to a regulated approach. This will require political support and there are issues as to how mandatory targets would be monitored and enforced.

Synchronizing programs for salt/sodium reduction and salt fortification

Omar Dary presented: the activities since 2010 that have combined the two programmes; studies triggered by the combination of the two programmes; a review of the history of salt iodization in

Switzerland and the US; findings that current iodine content in salt is compatible with reducing salt intake; and “new” vehicles for iodine.

He concluded:

- Despite several efforts, conferences and statements, the fear that salt reduction policies might jeopardize the IDD prevention programmes persists.
- Although current contents of iodine in salt are compatible with low salt intakes (around 5g/day in adults), the actual criteria to determine good performance of salt iodization programmes are maintaining unfounded concerns.
- Condiments and powder soups, that not only supply iodine but also high quantities of sodium, are displacing the discretionary use of table salt.

He recommended:

- Promotion of common studies to assess sodium and iodine (potassium and creatinine) excretion through 24-hour urine sampling under several contexts to increase evidence and generate mutual trust between the two programmes.
- Initiatives to limit the advertising and marketing of bouillon cubes and powder soups to reduce their consumption.

Discussion

Harmonizing salt/sodium reduction and salt fortification programmes also needs a step-wise approach. To start, sodium and iodine intake should be assessed simultaneously. There is however controversy with measuring iodine using 24-hour urine samples; this is not the practice of the IDD prevention programmes.

Brazil has determined some excess iodine intake in its population but pregnant women remain the group most vulnerable to inadequate iodine intake.

Referring back to advocacy and social marketing, there is an opportunity to use messaging on salt/sodium reduction to convey, at the same time, that iodine intake need not be compromised. The “influencers” in both programmes need to be convinced to coordinate/combine messaging.

Surveillance

Adriana Blanco and Eduardo Nilson described the “Advances in Surveillance” and reviewed the technical documents on surveillance produced by the TAG (and its predecessor in Phase 1). They elaborated on the use of household budget surveys applied in Brazil and Costa Rica to assess the

main sources of salt/sodium in diets and estimate salt/sodium intake, and they presented their respective findings.

A number of studies in which countries in the Region participated to determine the salt/sodium content of processed packaged food products were described:

- the sodium content in processed foods based on nutritional labeling to establish baseline data to be used in setting targets and identifying key sources to verify
- a survey of soups and the processed packaged food products in the 12 categories to which the regional targets apply
- the salt content of products from popular fast-food chains visited by families in Costa Rica
- children's meals both within and between countries to compare and contrast salt/sodium content for different restaurant chains, to understand the market in order to negotiate with manufacturers to reduce salt

Concluding remarks were:

- the sodium content on food labels and on the web pages of processed food products and fast food restaurants needs to be verified (the priority is foods in the categories with regional targets)
- the sodium content in artisanal and street foods needs to be determined
- laboratories determining sodium content of food products need standardized quality control tests
- sodium intake is most accurately measured using 24-hour urine samples
- in countries with policies on fortifying salt with iodine and/or fluoride, consumption of sodium, iodine and fluoride needs to be monitored
- salt/sodium content targets are needed for fast foods

Discussion

78% of food products in Costa Rica are labeled. The food industry has indicated that it would prefer mandatory labeling but given the trade patterns in the Region, label specifications would need to be mandatory for at least the sub-region if not the whole region. The same policies could apply to chain restaurants, and in Brazil, fast food chains have agreed on label information. However, there is resistance to this in various countries, prompted by the food industry that has significant influence.

Consumers in Costa Rica have indicated a preference for labeling but at the same time find some labels difficult to interpret. The IDRC project underway now, where label data are being collected, will help to build the underpinnings for a food switch application for consumers.

Nutrient labels remain the main source of information on salt/sodium content. Laboratory confirmation of the label data is a challenge. In Argentina, regional labs are assigned analysis of specific foods, this way they develop standardized and consistent methods. National food composition data would be best but securing the resources to maintain the databases is a challenge as is keeping up with industry reformulations.

24-hour urine collection is the gold standard for measuring salt/sodium intake only if the sample is complete. If PABA is not used to indicate completeness, then at least creatinine needs to be measured. As there will always be at least 20% incomplete samples, the sample size must be increased to ensure the representative power of the study.

The discretionary use of salt, especially using prepared condiments and sauces in cooking, is a significant source of salt/sodium in many countries in the Region.

PAHO and a new TAG can consider leading a regional initiative to standardize and harmonize nutrient labels based on best practice. Strong voices are needed worldwide, and would serve other initiatives that need nutrient label data.

Engaging the food industry

Eduardo Nilson presented the achievements in the Codex Alimentarius regarding salt/sodium labeling, package information, nutrient reference values and claims. Specific to the TAG and engaging the food industry, he reported a number of achievements with regional implications:

- 2011 - World Economic Forum on Latin America – Statement of Rio de Janeiro (Dietary Sodium/Salt Reduction in the Americas directed to the food industry, governments, regulatory agencies, civil society)
- 2012 – at the PAFNCD meeting, TAG discussions on how to directly involve industries and build a multistakeholder Consortium
- 2013 – the SaltSmart Consortium agrees to strategic objectives, among them, communication and food reformulation
- 2013 – regional meeting in Mexico where countries described national strategies (voluntary and regulatory), data preparation, identification of stakeholders and meeting plans, monitoring and evaluation
- 2013 – preparation of the *Guide for Setting Targets and Timelines to Reduce the Salt Content of Food*

- 2014 – TAG project on target harmonization with the SaltSmart Consortium (concept note, Consensus Statement, proposal for and agreement on regional targets for 11 food categories)
- 2015 – Mercosur agrees to accept the regional targets

He reviewed the salt/sodium reduction programmes and achievements in Argentina and Brazil. Argentina has a combination of mandatory and voluntary targets while Brazil has a wholly voluntary approach. Conclusions were:

- Voluntary approaches have shown promising results as first steps in the Region and commitment to the targets.
- Regulatory approaches are stricter and should be sought after.
- Enrollment of multiple stakeholders is key to achieving a broader impact on sodium reduction. It brings new partners and regional and sub-regional commitments that are very important.
- Planning, monitoring and evaluation must be integrated from the very start.
- PAHO's role through TAG and SaltSmart Consortium has been key to engage governments, food industries, experts and civil society in sodium reduction strategies.

Discussion

The use of condiments in cooking needs to be addressed. In general, given the high proportion that discretionary use of salt/sodium during cooking and at the table contributes to total intake in several countries in the Region, countries should focus on this in parallel with setting targets and timelines for processed food reformulations (including those for condiments). For example, discretionary use, as a percentage of all sources of salt/sodium in the diet, is 39% in Argentina; 73.4% in Costa Rica; 77.4% in Brazil. Dealing with discretionary use requires communication and social marketing.

As to what influences the food industry to reformulate, there are market forces e.g. consumers' growing interest in healthy living and healthful diet; a growing momentum for nutrient labeling; and the fact that industry in general does not want salt/sodium content to be regulated hence has been responsive to date to voluntary targets.

In Brazil, along with checking labels and analyzing food samples, the government is prompting compliance by making public its monitoring results and showcasing the incremental achievements of industry. The formal engagement of the larger food companies has stimulated the smaller players to follow on their own incentive.

The Codex meeting expected in Chile in 2016, for Latin America and the Caribbean, is an opportunity to promote the regional targets and mandatory labeling.

Questions remain:

- What does the food industry need and want in relation to public health and visa versa? There are diametrically opposing positions – to work with industry and to not work with it.
- Is there an “exchange factor” – where each party wins?
- Can there be a broader position taken with the food industry, that can encompass the smaller countries in the Region with less leverage given that the industry behaves differently in different countries? Should the position involve regulation? PAHO support for regulation is especially influential in smaller countries.

There will be a qualitative research study in the coming year on the SaltSmart Consortium. Some of the questions about food industry motivations and behaviours may be answered in the course of the study.

Mexico has been successful with regulation e.g. restrictions on foods in and around schools including limited portion sizes, and the tax on sugared drinks. Brazil’s voluntary reformulations have eliminated several tons of salt from the food supply.

In Canada, mandatory labeling of TFA resulted in the voluntary reduction and in some cases elimination of TFA from products, and monitoring results are reported publically. Nevertheless, a small proportion of products studied still have TFA. There may be a case made that regulations are needed to reach the remaining products.

In Costa Rica, there are successful alliances with national and transnational industries for voluntary reformulations for five food categories. This has attracted the attention of Panama and Guatemala. Costa Rica will eventually regulate salt/sodium content.

Caution needs to be exercised as regulations will likely be required for countries to hold on to achievements and have a measurable public health impact, but at that time, industry “push back” should be expected. Countries should be wary that voluntary targets might be used by industry to delay the reformulations needed to have a meaningful impact on salt/sodium intake.

A supra-national tool applicable in the global context, similar to the FCTC, is worth considering. The food supply is a leading risk factor for health. Regulations are needed for food industries to disclose what they are contributing to the food supply. There is already the CI “Recommendations towards a global convention to protect and promote healthy diets” at

<http://www.consumersinternational.org/news-and-media/resource-zone/recommendations-towards-a-global-convention-to-protect-and-promote-healthy-diets/>

Action

There are two TAG representatives on the WHO Global Coordinating Mechanism on NCDs (Mary L’Abbé and Trevor Hassel). A key question there is – how should governments interact with the private sector? Meeting participants should forward to Mary or Trevor their perspectives on the issue.

Research and publications

Norm Campbell described PAHO and TAG contributions within and outside the Region: research and publications; peer review publications (2011 to the present); key documents; and related initiatives.

Discussion

The concept note prepared in response to the IDRC call for “research on food system policies and market innovations for non-communicable disease prevention” has been accepted. Five countries are now participating in preparing a full proposal (Argentina, Brazil, Costa Rica, Paraguay and Peru) assisted by PAHO, the WHO Collaborating Centre on Nutrition Policy at the University of Toronto and a researcher at the University of Ontario Institute of Technology [Canada]. The project would be to scale up what Costa Rica has achieved regarding building a food supply database (for a food switch application) and is to include as well data on street foods and formative research for social marketing programmes.

Any complex issue can expect dissenting research. The food industry has very strong influence on the research on benefits of lowering salt/sodium intake.

Divergence of opinions published in scientific journals can have a disproportionate influence in resource-poor countries. Individual rebuttals by multiple scientists to dissenting research must be immediate.

Standards for research are needed. All data have to be up-to-date and the research positioned within systematic reviews in order to identify outliers. PAHO should issue a statement on research standards. Researchers should strive to translate their scientific findings into what decision makers and politicians can understand and apply to policies.

Day 2 - Momentum, opportunities and key messages going forward

Branka Legetic outlined momentum and opportunities that are adding impetus to the regional initiative.

Momentum:

- **Global level**
 - Global target and Member States’ commitments (include: joint hypertension actions, work with private sector, information on salt intake and main sources of salt in a diet)

- A global salt reduction tool box is a work in progress
- **Regional level**
 - 20 countries have initiatives at different stages; lessons learned are transferrable and can activate the countries that have not yet started
 - Technical materials and guidelines prepared over Phases 1 and 2 available and tested
 - Multiple sectors are attracted/ involved/committed in the implementation
 - Bread producers, and in particular, artisanal bakers, and private-label brand supermarkets with in-house bakeries are the reformulation starters in the region.
 - Harmonization of targets: have regional targets for the food groups that contribute the most to salt/sodium consumption
 - 10 countries in the LATINFOODS network are assessing salt/sodium content in over 11,000 products from same food groups to determine baselines against which uptake of regional targets can be assessed
 - Increasingly active involvement of civil society in population education, and there is a social marketing pilot project in 4 countries in the Caribbean
- **Broader context of food, nutrition and NCDs:**
 - Codex recommendation for mandatory labeling supports salt/sodium within broader context of nutrient labeling
 - Clear evidence that sodium, trans fats and added sugar are contributing to the increase in conditions related to NCDs
 - Interest of different constituencies/sectors can bring critical mass to the pressure for the multifaceted “smart” food policies needed to promote and protect health through healthy diet.
 - Common market platforms, following the example of MERCOSUR with regional targets, can act as “single markets” and e.g. adopt the regional targets, harmonize labeling requirements, limit advertising and marketing of food and non-alcoholic beverages to children

Opportunities:

- New actors in 2015: WHO CC in Social Marketing (Florida), WHO CC on Nutrition Policy (Toronto), establishing a working relationship with WHO CC on Population Salt Reduction (Sydney)
- The pilots on social marketing in the English Caribbean hold potential for adaptation and transfer to other English- and possible also Spanish-speaking countries in the Region.

- A project proposal for prevention of hypertension in the Caribbean includes population salt reduction: currently seeking financing
- The SaltSmart Consortium has demonstrated its utility as a platform that convenes multiple sectors with roles to play in reducing dietary salt/sodium
- Examples and findings from the first simultaneous assessments of sodium and iodine intake in general populations are opening a new vision regarding coordinating salt/sodium reduction and salt fortification programmes
- There are research opportunities that enhance evidence at country level and strengthen the knowledge base for intervention and decisions: current IDRC-supported project in Costa Rica and new concept note accepted by IDRC for scale-up
- TAG can have a second mandate, updated terms of reference and a refreshed membership

Discussion

A next phase for the initiative should be guided by an assessment of what would facilitate countries to move forward and what is holding them back. PAHO, with inputs from a new advisory group, should survey the countries in the Region. This should be a priority for the immediate term.

Action

What has been achieved during Phase 2 in the Region and what is upcoming can be prepared as a short article for publication, similar to what was published in the Lancet for Phase 1. The secretariat is to follow up with Ricardo Correa-Rotter.

The initiative should be more closely integrated with clinical practice by virtue of a common call to improve the nutrient quality of foods, and eating and cooking behaviour e.g. hypertension and childhood obesity. These issues are gaining attention and political traction. Links can also be made to issues of health equity and food justice as often high salt/sodium processed foods are inexpensive and they are being aggressively promoted and distributed particularly in low income environments.

PAHO has a nutrient-profiling project underway that will set maximum levels (regional norms) for TFA, added sugars and salt.

PAHO also has an action plan on childhood obesity and is mobilizing at the country level.

The next advisory group should accommodate a broader context with multiple nutrients and retain the integrity of salt/sodium reduction.

Discretionary use should become the emphasis in Central and Latin America. But the caution here is that the science of how to effectively reduce discretionary use is almost non-existent. The food

cultures across the region are significantly different. Substantial new resources will be needed to study the issue. There may be a place for potassium replacement, and integration into clinical practice will be essential.

Despite the lack of science, policy tools exist e.g. food procurement standards, school curriculum on cooking and the harm from high salt/sodium and sugar intake.

From a social marketing perspective, one begins with KAB studies and looks for a broad arena for interventions, for broad “influencers” e.g. food systems, environments, organizations, within which there are a number of points of entry/variables to consider.

Action

Advances in social marketing should be presented at the next meeting of a new TAG.

Associations of food industries are mobilizing in some Central American countries for mandatory nutrition labeling. That the Latin American food and beverage alliance joined the SaltSmart Consortium indicates the potential for the initiative to reach regional scale e.g. the distribution of same/best quality products to various markets in the Region.

There is a fundamental lack of data on salt/sodium intake in the Region. Countries without a baseline cannot respond to the global target calling for 30% relative reduction in intake at population level.

Breakout group exercise

As a final exercise, meeting participants, working in small groups, gave their ideas and suggestions for PAHO and a new TAG to consider in going forward. Their points by area of work are presented in Appendix 3.

Closing remarks

Mary L'Abbé has agreed to chair the next TAG. Eduardo Nislon will be co-chair representing the Latin American countries and another co-chair, to be announced, will represent the Caribbean.

Norm Campbell and Ricardo Correa-Rotter, as co-chairs of the outgoing TAG, acknowledged the interest, collaboration and dedication of the TAG members. They encouraged a new TAG to maintain direct contact with outgoing members. They also acknowledged the contributions to the initiative of the most advanced countries in the Region – their leadership, generosity and openness with their experiences and lessons learned.

Anselm Hennis applauded the TAG's work and the success of the initiative. It has attracted the attention and commitment of the PAHO Director. He acknowledged Branka Legetic's leadership and the contributions and support of the co-chairs.

Appendix 1 – Meeting agenda

Cardiovascular Disease Prevention through Population-level Dietary Salt/sodium Reduction

Meeting of the Technical Advisory Group

Review the Advances in Phase 2 and Draft How to Go Forward

2-3 September 2015, PAHO, Washington, DC

Overview

The Technical Advisory Group (TAG) has completed its 36-month mandate to guide Phase 2 of the regional initiative on *CVD Prevention through Dietary Salt/sodium Reduction*. It has prepared a final report that describes what has been achieved during Phase 2 in the initiative's five areas of work, what countries reported as their achievements, what are current momentum and opportunities, and offers a set of recommendations to orient a next phase.

With this meeting, the TAG will review Phase 2, approve its final report and apply its collective expertise to outlining a next phase of activity.

Objectives of day 1:

- (1) Take stock of the advances per area of work
- (2) Discuss lessons learned and challenges
- (3) Approve the Phase 2 Final Report

Objectives for day 2:

- (1) Moving forward – draft a plan for Phase 3 for the period 2016 to 2018

AGENDA

**Wednesday, 2
September**

Room B

8:30-9:00 Registration 2nd Floor Lobby

9:00-9:10 Welcome and opening

Anselm Hennis

9:10-9:30	Introduction of agenda and objectives	Branka Legetic
	ACHIEVEMENTS BY AREA OF WORK – PANELS	Chair – Ricardo Correa-Rotter
9:30-10:00	Advocacy, communications, social marketing	Hubert Linders, Beatriz Champagne, Trevor Hassell
10:00-10:15	Questions & comments	
10:15-10:30	Synchronizing programs for salt/sodium reduction and salt fortification	Omar Dary, Ruben Grajeda
10:30-10:45	Questions & comments	
10:45-11:15	Break	
11:15-11:45	Surveillance	Adrianna Blanco-Metzler, Eduardo Nilson
11:45-12:00	Questions & comments	
12:00-13:00	Lunch	
	Panels continue	Chair – Trevor Hassel
13:00-13:30	Engaging the food industry	Daniel Ferrante, Eduardo Nilson
13:30-13:45	Questions & comments	
13:45-14:00	Research and publications	Larry Appel, Norm Campbell
14:00-14:15	Questions & comments	
14:15-14:45	Break	
14:45-15:00	PRESENTATION OF THE PHASE 2 FINAL REPORT	Barbara Legowski
15:00-15:45	Discussion	
15:45	Approval of the Final Report	
16:00	Adjournment	
Thursday, 3 September	Room B	

8:30-8:45	Review of Day 1, tasks for Day 2	Branka Legetic
8:45-9:00	TAG Recommendations	Norm Campbell
9:00-9:15	MOMENTUM AND OPPORTUNITIES GOING FORWARD	Branka Legetic
9:15-10:45	Breakout groups – drafting a plan for Phase 3 using the recommendations in the Final Report	
10:45-11:00	Break	
11:00-12:30	Groups report back – proposed elements for an activity matrix	Chair – Sonia Angell
12:30-12:45	CLOSING REMARKS ON GOING FORWARD	Anselm Hennis
12:45	Adjournment	

Appendix 2 – Meeting participants

COUNTRIES

BARBADOS

Sir Trevor Hassell

trevor.hassell@healthycaribbean.org

President, Healthy Caribbean Coalition, Bridgetown, Barbados

BRAZIL

Eduardo Augusto Fernandes Nilson

Eduardo@saude.gov.br

Food and Nutrition, Ministry of Health, Brazil

CANADA

Norm Campbell

ncampbel@ucalgary.ca

Departments of Medicine, Community Health Sciences, and Pharmacology and Therapeutics,
University of Calgary, Alberta, Canada

Barbara Legowski

blegowski@gmail.com

ESC Consulting, Ottawa, Canada

CHILE

Hubert Linders

hlinders@consumidoresint.org

Consumers International Regional Office for Latin America and the Caribbean, Santiago, Chile

COSTA RICA

Adriana Blanco-Metzler

ablanco@inciensa.sa.cr

Institute for Research and Education in Nutrition and Health (INCIENSA),
Tres Rios, San José, Costa Rica

MEXICO

Ricardo Correa-Rotter

correarotter@prodigy.net.mx

National Institute of Medical Sciences and Nutrition (INNSZ), Salvador Zubiran, Mexico

PARAGUAY

Susana Sanchez Bernal

susana.sanchez.ber@gmail.com

National University of Asunci, Asuncion, Paraguay

UNITED STATES OF AMERICA

Sonia Angell

sangell@health.nyc.gov

Department of Health and Mental Hygiene, New York, New York

Lawrence J. Appel

lappel@jhmi.edu

Johns Hopkins University, Bloomberg School of Public Health, Baltimore, Maryland

James Lindenberger

jlindenb@health.usf.edu

The Social Marketing Group, University of South Florida, Tampa, Florida

Beatriz Champagne

beatriz.champagne@interamericanheart.org

InterAmerican Heart Foundation, McKinney, Texas

Omar Dary

omardaryphn@gmail.com

US Agency for International Development (USAID), Washington, D.C.

PAN AMERICAN HEALTH ORGANIZATION

Anselm Hennis

hennisa@paho.org

Director, Noncommunicable Diseases and Mental Health Department, Washington, D.C.

Branka Legetic

legeticb@paho.org

Regional Advisor, Noncommunicable Diseases and Mental Health Department, Washington, D.C.

Ruben Grajeda

grajedar@paho.org



Advisor, Nutrition and Social Determinants, Noncommunicable Diseases and Mental Health Department, Washington, D.C.

Robin Mowson

mowsonrob@paho.org

Consultant, Noncommunicable Diseases and Mental Health Department, Washington, D.C.

Appendix 3 – Breakout group results

General remarks

Create a 5th area of work – integrating clinical HPT discussion/work

Plan an annual monitoring report and prepare plans for future

Create another TAG to promote healthy diet e.g. approach industry

Need one area of work to promote governments to advance policy and regulation as most effective approach to reduce salt/sodium consumption – overarching area of work

Idea of framework convention on nutrition should be promoted – to include salt and general nutrition – include aspects on how to work with industry

Surveillance

Include research with surveillance

Baseline intakes, sources of salt, verification of sodium content of foods, verification of HPT

Research on artisanal and street foods

Validating of food analysis and standardization in labs and QC

Develop model of integrated program of monitoring and evaluation of sodium and iodine

Agree on performance and impact indicators

Surveillance as part of research agenda

Sodium and Iodine intake optimization

Use the term harmonization instead of optimization

Need to better engage Iodine groups

Re marine salt – address as is not iodized, or “natural” salt – all should be iodized

Combining I with social marketing/education

Education and SM and regulation

Provide technical messages re fortification and consumption – I and fluoride and Na

Advocacy/ communication/ social marketing

Add dissemination as fourth category e.g. regulatory templates

Separate communications and education from advocacy

Ultimate objective is to reach consumer with key messages

Under advocacy, include accountability role of civil society (watch dog role)

Sodium and iodine stakeholders under advocacy

Engaging the food industry

New Title – strategies to reduce salt consumption

Divide into 2 sub areas – food industry and addressing discretionary salt – the latter by engaging the salt industry

Include food supply, food systems as part of reducing discretionary salt use

Possible regulation/policy options/ broader discussion/ research needed to advance further

delete this group – the Consortium should respond to strategic direction of TAG

Research as an overarching area of work

Surveillance, Monitoring, and evaluation

- Focus on countries with no knowledge/data on intake/sources

Communication and Social Marketing

- Different strategies

Policy Makers

Discretionary salt and salt additives e.g. condiments

Consumer label Reading

Healthcare workers – as advocates

Regulatory – Policies

- Targets, timelines, disclosure of nutrients

Capacity Building based in needs and priorities

- Focus on less/inactive countries
- Focus on needs
- Sustainability, feasibility

Leverage activities of related groups

- Examples : TRUE (research), M2K, other areas of relevance in terms of nutritional aspects related to health and NCDs
- CONNECT with other groups and activities

The Policy Statement (2009) includes many of these aspects.