



**Action Network on Strategies for Reducing Salt
Consumption for the Prevention and Control of
Cardiovascular Disease in the Americas**

CONCEPT NOTE



1. Introduction

The United Nations Decade of Action for Nutrition (2016-2025) reaffirms, in line with the commitments of the 2030 Agenda for Sustainable Development, the need for an intersectoral approach to address the multiple burdens of malnutrition. It also brings the need for political and budgetary commitment to the food, nutritional and epidemiological transition experienced by several countries and with a view to promoting food and nutritional security.

Although malnutrition and obesity coexist in the Americas, food and nutritional transition processes are increasingly associated with an increase in the prevalence of noncommunicable diseases (NCDs), considered the main causes of morbidity and mortality in the Region of the Americas and the Caribbean.

Among the risk factors associated with NCDs, and more particularly with cardiovascular diseases, is the excessive consumption of salt, especially related to the increase in the prevalence of arterial hypertension, which, in turn, contributes as a risk factor to more than 40% of heart disease and stroke. In addition, excessive sodium intake is probably associated with gastric cancer, kidney stones and osteoporosis.

It should be noted that the consumption of sodium comes from different food sources, both inside and outside household, from the addition of cooking salt in the preparation and consumption of food to prepared and pre-cooked dishes, including bread, processed meats, and sausages, in addition to breakfast cereals.

The reduction of dietary sodium is one of the recommendations of the United Nations Summit on the Prevention and Control of Noncommunicable Diseases (NCDs), as well as of the World Health Organization, for improving the health of populations. In addition, it is one of the most cost-effective measures for public health and can reduce prevalence and mortality of a number of chronic diseases and related comorbidities at an estimated cost of \$0.04 and \$0.32 per person per year.

Reducing salt intake is challenging, but it may also save lives, prevent health problems, and reduce health care costs for governments and for the population. Thus, strategies to reduce salt intake should be complementary, involving actions to monitor salt consumption by the population, reformulation of food and good practices, adequate nutrition advertising and labeling, food and nutritional education and support for healthy eating environments.

In this context, the formation and the implementation of an action network on strategies for reducing sodium consumption and prevention and control of cardiovascular diseases is of great importance as a regional forum for cooperation, technical and political discussion among the countries of the Region. In addition, the sharing of experiences between countries will strengthen national and regional strategies from different approaches and with different actors, which together will generate knowledge, promote a change of the environment and of attitude towards an adequate consumption of salt.

2. About the network

a. Description

The network on strategies for reducing sodium consumption and prevention and control of cardiovascular diseases is a space for the exchange of experiences and for the collaboration among the countries of the Region of the Americas and Caribbean for the elaboration, improvement and implementation of strategies to reduce salt consumption by the population.

b. Objectives

The purpose of the Network is to support, through the exchange of experiences, the elaboration, improvement, implementation and evaluation of strategies to reduce salt consumption in order to prevent and control cardiovascular diseases. In addition, it also aims at fulfilling the commitments established in the Action Plan for global strategies for prevention and control of chronic noncommunicable diseases of WHO.

c. Lines of action

The network will focus its work on the following lines of action:

- I. Monitoring of salt consumption by the population;
- II. Development of scientific evidence on strategies to reduce salt consumption and impact on health;
- iii. Food and nutrition education;
- IV. Encouraging good practices and innovative strategies;
- V. Reformulation of processed and ultraprocessed foods; and
- VI. Regulation, including actions related to the taxation of foods with high sodium content, advertising, nutrition labeling, reformulation, access to food and public purchases.

3. Governance

a. Organizational structure

- The Network will be formed by member countries, represented by focal points/permanent members of the Ministry of Health of each country.
 - The participation of the countries is voluntary.
 - The criteria for participation and adherence of the countries should follow the internal rules of the Network and respect the established criteria of conflicts of interest.
 - Representatives from each country, respecting the Network's internal rules, are responsible for establishing the ways of working, as well as involving other governmental sectors, United Nations agencies, academy representatives and civil society when necessary.
- An Executive Secretariat will coordinate the work of the Network. For the period of 2018-2020, Brazil will assume the presidency and Argentina, Costa Rica and Colombia the vice-presidency.

- The Executive Secretariat is responsible for establishing a work agenda with the definition of expected products, in consensus with the member countries, to be developed over a period of two years.

- For the execution of the actions, work commissions may be formed according to the established lines of action.
- The Pan American Health Organization (PAHO) and World Health Organization (WHO) will support the work of the Network, promoting its sustainability over the years.

b. Schedule of work

The Network will develop its work based on articulation between countries with at least one annual face-to-face meeting and three annual virtual meetings.

In addition, the possibilities of participation in international meetings and events will be evaluated.

c. Expected Products

- Virtual platform for document and scientific evidence sharing among member countries.
- Preparation of policy briefs summarizing the experiences of the countries on the elaboration, improvement, implementation and evaluation of strategies to reduce salt consumption.
- Encouragement of cooperation between countries for financing mechanisms.

4. Funding

The formal funding mechanisms of the Network will be:

- Funding an annual face-to-face event by the presiding country.
- The funding possibilities of UN agencies and mechanisms for cooperation among member countries will be assessed.
- The financing mechanisms will be discussed in the virtual and face-to-face meetings of the Network.

5. References

FAO y OPS. Panorama de la Seguridad Alimentaria y Nutricional en América Latina y el Caribe. Santiago de Chile, 2017.

PAHO. Policy Statement: Preventing Cardiovascular Disease in the Americas by Reducing Dietary Salt Intake Population-Wide. Washington. 2012.

WHO. 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases. Geneva, 2008.

WHO. Global health risks: mortality and burden of disease attributable to selected major risks. Geneva, 2009.



WHO. From burden to “best buys”: reducing the economic impact of NCDs in low- and middle-income countries. Geneva, 2011.

WHO. The SHAKE Technical Package for Salt Reduction. Geneva, 2016.

WHO. Noncommunicable Diseases Progress Monitor. Geneva, 2017.

