

Summary for countries reporting no current plan or plans under development

The seven countries of Central America (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama) and the Dominican Republic through El Consejo de Ministros de Salud de Centroamérica (COMISCA) agreed to a common health plan – Plan de Salud de Centroamérica y República Dominicana 2010-2015 – that includes the commitment to set policies to regulate sodium and trans fats levels in food products [40]. At the same time Costa Rica (see table above) and Guatemala have national strategies relevant to salt intake reduction. But while Guatemala reported mass media campaigns, nutrition labels that include salt, a survey of physical measurements to estimate current level of dietary intake, application of an inventory method to estimate current salt intake and a recommended per capita salt intake of less than 5 g per day, full implementation is dependent on synchronization with the iodine fortification program.

Bolivia reported no current plan to reduce population level dietary salt while Ecuador and Paraguay have plans in development but no implementation timeline. Nevertheless, countries report activities underway that are relevant to addressing the overconsumption of salt e.g. mass media campaigns, nutrition labels that include salt, workshops on how to reduce dietary salt, creation/dissemination of educational tools and KAB studies regarding salt.

Columbia reports that an initiative is under consideration but no decision has been made on how to start, largely due to overconsumption of salt not yet being recognized because of a lack of data to make the case (e.g. on salt intake, the main sources of salt in the diet, nutritional patterns and the household food basket (the latter needed by administrative regions in the country)). There is a possibility of adding questions on salt to the national study on nutrition and health. Of benefit would be technical support to design a national strategy including the research to determine baselines for and subsequent monitoring of key indicators. To date, Columbia has nutrition labels and conducts public health mass media campaigns.

Food categories for which salt content is being reduced

As of July 2011, national public health authorities have or are in the process of negotiating national scale voluntary targets and timelines with the food industry in six countries in the Pan American region – three in the southern cone (Argentina, Brazil, Chile), and three in the north (Mexico, Canada and the US NSRI). The food categories currently being addressed in each country are shown below divided into two broad groups –packaged and unpackaged foods. At this point, common to all countries except Mexico is government and food sector collaboration to reduce the salt content of bread (artisanal bread, packaged breads or both) and packaged meat products.

Argentina	Packaged meats and derivatives; dairy products; cookies and derivatives; soups and dressings	Unpackaged artisanal bakery bread
Brazil	Packaged instant pasta (cup noodles and ramen pasta); industrially produced bread and buns; cakes and cake mixes; snacks; processed meat products; condiments and sauces; margarines; mayonnaise; breakfast cereals; dairy products; industrially produced meals; biscuits; cookies; ready meals.	Unpackaged artisanal bakery bread
Canada	Packaged (including restaurant foods) bakery products; cereals and ready-to-eat cereals; dairy products; fats and oils; fish products; combined dishes; processed meat products; sauces; soups; snacks; dips, gravies, condiments; canned vegetables; fresh meat products; seasoning mixes;	

	pasta and noodles; legumes; drinks and beverages; meat alternatives; baby and infant food; rice; nut butter.	
Chile	Packaged sausages, cheese	Unpackaged artisanal bakery bread and private label supermarket bread
Mexico	Foods supplied to and available in the school environment (limiting salt plus fat and sugar content and the caloric value per portion)	
US NSRI	Packaged - bakery products; cereal and other grain products; meats; dairy products and substitutes; fats and oils; sauces, dips, gravies and condiments; snacks; soups; potatoes; mixed dishes; vegetables; legumes; canned fish; seasoning mixes; nut butters. - restaurant foods: hamburgers; chicken; seafood; sandwiches; breakfast sandwiches; pizza; Mexican food; potatoes; soup; bakery products.	

All countries have opted for structured gradual voluntary food reformulations (with targets, timelines and monitoring of progress). All except Mexico have at this point schedules of interim targets and timelines for specific food categories. Links to the detailed country-specific food categories, targets and timelines are in Appendix 3.

Common action on bread

Bread is a staple in national diets across the Americas, consumed in consistent quantities by virtually all segments of the population and on the whole has relatively high salt content. Argentina, Brazil, Canada, Chile and the US NSRI all include bread in their salt reduction initiatives. In the three southern cone countries – Argentina, Brazil and Chile – where a limited number of food categories is currently the focus for salt content reductions, bread was either the first or among the first products to be addressed. The experiences in these countries are highlighted below as examples especially relevant to countries that have not yet addressed salt reduction of how a national initiative can begin with bread. For Argentina and Chile in particular, the countries were able to work with existing or few additional resources and in the case of Argentina, have already achieved a 25% reduction in the salt content of bread.

Lessons learned so far

The two information gathering exercises conducted by the secretariat (in mid 2010 and mid 2011) provided insights into what has in general terms facilitated and hindered their actions and attempts to reduce the overconsumption of salt on national scales and in specific terms, what the countries have learned in the process of engaging the food industries to reduce their use of salt. Findings are summarized below.

The regional initiative and the activities of the Expert Group have had a positive impact

Countries reported the following about the initiative and the Expert Group:

- has helped advocacy to prioritize the issue as a national public health problem concerning CVD and its relationship to high salt consumption
- the tools, resources and recommendations are informing and assisting with national plans and strategies
- assisted with analysis of available evidence and identification of effective interventions
- has made available a network of accessible experts to provide advice and collaborate on research
- provided updates on experiences across the Americas
- has provided the opportunity to explore the current epidemiological situation and promoted a review of policies and interventions and development of recommendations based on evidence

- the evidence and recommendations for the standardized methodology to measure and monitor salt intake in the population allows national results to be compared with the rest of Latin America permitting an evaluation of national interventions
- facilitated collaborations between countries and members of the LATINFOODS network, coupled with information on how issues are being handled elsewhere

Many experiences with industry engagement are transferrable

- Upon entering into negotiations of targets and timelines, most important is information about what food companies have already achieved elsewhere as evidence that reformulation and new product development are feasible. Very relevant in the region are the experiences of low- and middle-income countries (LMIC) with similar resources and capacities. It is understood to be many times easier to implement changes if it can be shown that in other countries the same or similar changes are being made.
- Where regulation to limit salt content is pending, industry has appeared particularly motivated to voluntarily reformulate to reduce the market impact and extent of formulation changes necessary once regulations come into effect.
- Some countries in the region that are actively engaging with the food industry are doing so through national associations that represent various sectors of the industry e.g. artisanal bread makers, meat producers, supermarkets, food and beverage associations, etc. Other countries have found that directly approaching major and progressive food manufacturers has been effective in reaching reformulation target and timeline agreements.
- Positive relationships between public health and the food industry, established e.g. in Chile and Argentina with associations of artisanal bread makers when the use of fortified flour was mandated, facilitated the launch of national dietary salt reduction first through bread products. Bakers were supported by national public campaigns promoting lower salt intake that featured the changes in bread products. In Chile, small bakery businesses even stated a preference for regulation on an acceptable limit for salt in bread products to “level the playing field”.
- The scale of salt content reductions across food categories is dependent on national capacities to first engage food industries in target and timeline setting and then subsequently monitor progress. Canada and the NSRI have engaged food manufacturers and chain-restaurant for salt content reductions across all food categories with products that contain salt. On the other hand, the southern cone countries have begun with food categories that are the main contributors of salt to national diets and are gradually adding other categories.
- A draft national action plan can be useful in engaging stakeholders to advance dietary salt reduction. The plan can be tabled with groups convened to consider the issue, presented as a template awaiting concrete commitments to emerge from stakeholders through a participatory process of priority and target setting.
- Argentina, Canada and the United States have identified failed experiments with fully voluntary approaches and self-regulation. In Argentina for example, the Ministry of Health was initially willing to accept self-regulation and engaged national food industry associations on this basis. When results were not forthcoming, the government intervened to stimulate action with structured voluntary targets and timelines and monitoring of progress. Similarly in the United States, voluntarily reductions in the use of salt additives in food, relying principally on consumer pressure, without close government oversight and monitoring, produced no meaningful declines in salt additive use or salt intake at the population level [9].

Challenges

- Considered a major barrier in LMIC is the lack of up-to-date objective measures of dietary patterns, the main sources of salt in the diet and levels of salt intake. The information that is available often comes from a few studies that are not representative of the national population or is derived from food consumption methodologies developed for other purposes however scaling up or instituting specific national surveys requires capacity and infrastructures that are not available. Countries have relied on secondary data sources e.g. household budget surveys and production and sales data from the food industry from which food consumption and salt intake information has been derived. While the information has been used effectively to launch dietary salt reduction initiatives, with regards to salt intake, 24-hour urine sampling is needed to confirm findings.
- There is no centralized up-to-date data source on the salt content of foods as there is no current requirement, at national levels or otherwise, for disclosure.
- In some cases LMIC lack the public sector capacities to uphold their roles in either voluntary reformulation agreements or other aspects considered important to reducing dietary salt intake. For example, if the food industry makes commitments to reach specific salt content targets, and if food-labeling requirements are regulated or even if voluntary, government agencies with the authority to evaluate industry claims on labels and analyze food products need specific and sometimes new institutional capacity to accommodate the tasks.
- In a number of countries, there is uncertainty as to how and where to start population level dietary salt reduction or while plans may be under development, there is uncertainty as to how to coordinate salt reduction with iodine fortification. Some medical sectors advocating for prevention of iodine deficiency disorders are reluctant to accept salt reduction policies.
- The overconsumption of salt is still in some cases not recognized as a public health issue or is recognized but not a priority for action. There is a low overall perception of risk by the general public and health professionals and a low level of recognition as to the role of the food industry and its corporate social responsibility towards dietary salt reduction given that the salt content of processed food products is a food safety issue. And there are competing important nutrition priorities including those related to obesity.
- Having adopted a voluntary approach for food reformulations, industry is proposing conservative goals and the negotiation processes are prolonged. Questions are arising as to whether voluntary agreements are strong enough instruments to have measurable population level impacts in a timely manner.
- Undertaking to standardize regulations e.g. for nutrition labeling across a common sub-regional market requires negotiation and consensus building.
- Communicating salt content reductions in food to consumers requires careful and coordinated messaging between the public health sector and the food industry.
- There are difficulties with the transfer of reformulation technology from large to small companies.
- Building and maintaining a multi-stakeholder and multi-sector approach requires sustained commitment on the part of the public health sector.
- In many countries, the technical capacity to evaluate the cost-benefit, cost-effectiveness and/or the cost-savings from reduced dietary salt is lacking.
- In some cases, the food industry has complained about the requirement to modify the original content of their food products, arguing that they lack the necessary infrastructure to reformulate and that there is not enough time allowed to comply with new requirements.

- Where the general population has not been sufficiently sensitized to the issue, in particular the role and responsibilities of the food industry, there has been opposition to reformulation requirements, with the public preferring personal and/or parental choice in food selection.

V Momentum and potential in the Region

- The concentration of momentum in the southern cone countries in Latin America – Argentina, Brazil and Chile – suggests the potential for action to spread to other countries, especially to those in the MERCOSUR common market. In general, common markets in the region can facilitate the distribution of reformulated foods from countries where salt reduction policies are being implemented and may contribute to spreading market demand.
- For LMIC countries that have not yet launched dietary salt reduction initiatives and are considering where to start, the experiences with bread in the southern cone countries provide lessons and direction. They are important examples of how national associations of artisanal bread makers and of supermarkets with private labels can be mobilized. And there are health economic analyses from the region to support taking action on bread.
- The range of target and timeline commitments made by the multinational and large national food companies in the southern cone countries and to the US NSRI are evidence of what can be achieved, if not of the specific product reformulations or new low/no salt product availability, then of the technical feasibility of reducing the salt content of common food categories that contribute significant amounts of salt to the diet.
- Several of the challenges identified by countries, whether active and not yet, can be addressed through the dissemination and facilitated implementation of the tools and resources collected and developed by the Expert Group e.g. how to determine the main sources of salt in the diet or how to conduct health economic analyses.
- The national experiences with and tools to disseminate information and raise awareness among the public and communities of health professionals are potentially of great value in countries where public health initiatives are under consideration. They supply evidence to policy makers who need to apply pressure for the issue to be recognized and build up the broad public support necessary to secure the issue on political agendas in the midst of competing priorities.
- Research partnerships have and are evolving e.g. between IDD prevention and salt reduction programmes, increasing the potential to respond to calls for and access research grants.

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Appendix 1 – Organizations that have endorsed the Policy

Statement as of September 2011

Organization	Date of endorsement
1. Blood Pressure Canada	November 2009
2. Inter American Heart Foundation	November 2009
3. Canadian Stroke Network	November 2009
4. Canadian Diabetes Association	November 2009
5. Canadian Heart Failure Network	November 2009
6. Canadian Hypertension Society	November 2009
7. Canadian Medical Association	December 2009
8. Healthy Caribbean Coalition	February 2010
9. Caribbean Cardiac Society	February 2010
10. World Hypertension League	March 2010
11. Canadian Public Health Association	March 2010
12. Sociedad Ecuatoriana de Cardiología	April 2010
13. PROTESTE-Associação Brasileira de Defesa do Consumidor	April 2010
14. International Diabetes Federation	May 2010
15. Heart Foundation of Jamaica	May 2010
16. Instituto Brasileiro de Defesa de Consumidor	May 2010
17. Asociación Argentina de Dietistas y Nutricionistas Dietistas	May 2010
18. Sociedad Argentina de Nutrición	May 2010
19. American Heart Association	May 2010
20. International Federation of Kidney Foundations	May 2010
21. Asociación Solidaria de Insuficientes Renales	April 2010
22. Colegio de Médicos y Cirujanos de Costa Rica	April 2010
23. Sociedade Brasileira de Medicina de Família e Comunidade	April 2010
24. Sociedad Chilena de Hipertensión	May 2010
25. Ministerio de Salud de Chile	August 2010
26. Ministerio de Salud Venezuela	August 2010
27. Ministry of Health Suriname	August 2010
28. Ministerio de Salud de Uruguay	November 2010
29. Ministerio de Salud de Argentina	September 2011
30. Ministério da Saúde Brasil	confirmed pending letter
31. Ministerio de Salud de Costa Rica	January 2011
32. Asociación Latinoamericana de Diabetes	March 2011
33. Sociedad Latinoamericana de Nefrología e Hipertensión	March 2011
34. Fundación InterAmericana del Corazón Argentina	March 2011
35. Federación Nacional de Operadores de Mercados Fruti hortícolas de la Republica Argentina	March 2011
36. Federation Argentina de Cardiología	March 2011
37. Sociedad Latinoamericana de Arteriosclerosis	March 2011
38. ForoSalud, Red Peruana de Pacientes, Enlace Red Andina de Pacientes	March 2011
39. Centro de Investigación Epidemia del Tabaco, Framework Convention Alliance	March 2011
40. Asociación Lupus Chaco – Pacientes Online	March 2011
41. Dirección de Salud Mental	March 2011
42. Fundación para Prevención y Control de Enfermedades Crónicas No-Transmisibles para América Latina	March 2011
43. Sociedad Mexicana de Salud Pública / International Union Against Tuberculosis and Lung Disease	March 2011

44. Alianza Internacional al Pacientes	March 2011
45. Union Antitabaquica Argentina	March 2011
46. Del Plata Adventist University, School of Health Sciences	March 2011
47. International Federation Medical Students Association	March 2011
48. Red Familiar, Usarios y Voluntarios	March 2011
49. Sociedad Sudamericana de Cardiología	March 2011
50. Asociación Latinoamericana de Tórax	March 2011
51. American Cancer Society	March 2011
52. Fundacion Cardiologica Correntina	March 2011
53. Unión de Usuarios y Consumidores, Filial Rosario	March 2011
54. LATINFOODS (Latin American Network of Food Data Systems)	July 2011
55. Ministry of Social Protection, Vice Ministry of Public Health, Colombia	September 2011
56. Consumers International South America	March 2011

Appendix 2 – Dissemination activities

Articles

Campbell N, Dary O, Cappuccio FP, Neufeld L, Harding K, Zimmermann MB. A call for action to coordinate programs to improve global health by optimizing salt and iodine intake. Accepted for publication in the World Health Organization Bulletin.

Legetic B, Campbell N. Reducing salt intake in the Americas: Pan American Health Organization actions. *J Health Communication*. 2011;16:37-48.

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Presentations

Norm Campbell – October 2009, World Hypertension Conference in Beijing, China

Norm Campbell, Branka Legetic, Ricardo Uauy – November 2009, Congress of the Latin American Society for Nutrition (SLAN) in Santiago, Chile

Branka Legetic – June 2010, World Cardiology Congress in Beijing, China

Norm Campbell – September 2010, scientific meeting of the International Hypertension Society in Vancouver, Canada.

Ricardo Correa-Rotter – December 2010, by invitation from the Ministry of Health of Uruguay, Uruguayan Cardiology Association, Hypertension Society and Academy of Medicine, and the PAHO office in Uruguay.

Branka Legetic – September 2010, the II World Congress on Public Health Nutrition and the European Salt Action Network in Portugal

Branka Legetic, Norm Campbell, Kirsten Bibbins-Domingo, Ricardo Correa-Rotter – March 2011, symposium on salt reduction as a cost-effective method for prevention of cardiovascular disease, 14th Congress on the Investigation in Public Health, Mexico.

Norm Campbell, Ricardo Correa-Rotter, Sonia Angell and Adriana Blanco-Metzler – March 2011- Participación en representación de la Iniciativa de la OPS en la Reunión Técnica de los Participantes en

la Consulta Regional de Alto Nivel de las Américas contra las Enfermedades Crónicas NO Transmisibles (ECNT) y la Obesidad, Mexico

Adriana Blanco-Metzler, Branka Legetic, Norm Campbell – September 2011, the PAHO Initiative on Cardiovascular Disease Prevention through Dietary Salt Reduction, at the 9th International Food Data Conference in Norwich UK

Adriana Blanco-Metzler, M.A Montero-Campos, Victoria Chan, Norm Campbell – September 2011, Survey on Data of Sodium in Processed and Prepared Foods of Latin America, at the 9th International Food Data Conference in Norwich UK

Adriana Blanco-Metzler – September 2010, Iniciativa de la OPS: Prevención de las ECV en las Américas mediante la reducción de la ingesta de la sal alimentaria en toda la población at the Workshop for the validation of the “Plan Nacional de Reduccion del Consumo de Sal/Sodio en Costa Rica” in Costa Rica.

Adriana Blanco-Metzler – March, 2010, Iniciativa de la OPS: Prevención de las ECV en las Américas mediante la reducción de la ingesta de la sal alimentaria en toda la población / proyecto investigación ITCR-INCIENSA. Expert Pannel of Research in Foods and Nutrition, Curso Metodología de la Investigación I. Nutrition Scholl, University of Costa Rica

Branka Legetic, Adriana Blanco-Metzler – June 2009, Movilización sobre Reducción del consumo de sal en las Américas Workshop de la Red LATINFOODS: Iniciativa regional sobre salud cardiovascular OPS-OMS. LATINFOODS Workshop in Argentina.

Appendix 3 – Country-specific targets and timelines

Argentina

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Brazil

- Orientações para redução do consumo de sódio, accessed August 2011 at <http://nutricao.saude.gov.br/sodio.php>

Canada

- Draft sodium reduction targets and label data for prepackaged foods, accessed August 2011 at <http://www.hc-sc.gc.ca/fn-an/consult/2011-sodium/append-a-eng.php>

Chile

- Estrategia de Reducción de SAL/SODIO en los Alimentos, accessed August 2011 at http://www.redsalud.gov.cl/portal/url/page/minsalcl/g_proteccion/g_alimentos/reduccion_sodio.html

Mexico

- Lineamientos técnicos para el expendio o distribución de alimentos o bebidas en los establecimientos de educación básica, accessed August 2011 at <http://www.insp.mx/alimentosescolares/index.php>

US NSRI

- Targets for packaged food, accessed August 2011 at <http://www.nyc.gov/html/doh/html/cardio/cardio-salt-initiative-packagedfood.shtml> and <http://www.nyc.gov/html/doh/downloads/pdf/cardio/cardio-salt-nsri-packaged.pdf>
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