

Salt Smart Americas: Regional Targets for Sodium/Salt Reduction in Food Groups

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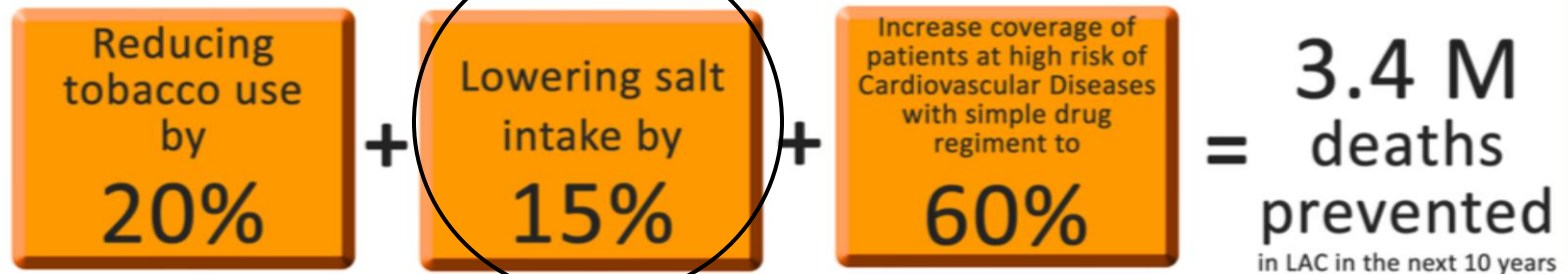
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UN High-level Meeting on

Best buy :



*Gaziano T, et al. Scaling-up interventions for chronic disease prevention: the evidence. *Lancet*, 2007;370: 1939-46; extrapolated to countries of Latin America and Caribbean countries.

The tobacco and salt intake interventions would be cost than US \$ 0.40 per person/year in low and middle income countries, and US\$ 0.50-1.00 in upper middle-income countries



Global Target by 2025:

**30% relative reduction in mean
population intake of salt/sodium
intake.**

**Footnote: WHO recommendation is less than 5 grams of
salt or 2 grams of sodium per person per day**



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Guideline:

**Sodium intake
for adults and
children**

Directrices :

**Ingesta de sodio en
adultos y niños**

Resumen

Guideline:

**Potassium intake
for adults and
children**

Directrices :

**Ingesta de potasio en
adultos y niños**

Resumen

I WHO Platform Exchange Forum & Technical meeting on Enabling environment London, June 2010



- **II WHO Platform
Exchange Forum & Technical meeting on
Strategies to Monitor and Evaluate
Population Sodium Consumption and
Sources of sodium in the diet**



**III WHO Platform
Exchange Forum &
Technical meeting
on Sodium and
Iodine in Public
Health Sydney
25-27 April 2013.**

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Region of the Americas

Americas initiative



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PAHO led Initiatives in CVD prevention

- Implementation of Framework Convention for Tobacco Control in majority of the countries in the region is underway
- *Trans Fat Free Americas*, Declaration of Brazil was signed by a number of representatives of food industry, governments, health organizations, and academia with the aim to eliminate trans fatty acids in industrially processed foods in Latin America and the Caribbean
- *Regional Salt reduction initiative as population based prevention of CVDs*



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Regional needs

- Have a truly Pan American movement
- Provide tools and evidence specific to the region
- Coordinate salt reduction with iodine fortification
- Work around regional specificities:
 - Dual origin of high salt intake
 - Small number of national regulatory agencies
 - Lack of mandatory labeling
 - Street food and small food producers
 - perception of salt/sodium as good - source of iodine

Expert Group 2009-2012



Policy Statement:

Preventing Cardiovascular Disease in
the Americas by Reducing
Dietary Salt Intake Population-Wide



The PAHO/WHO Regional Expert Group on Cardiovascular Disease Prevention through Dietary Salt Reduction has produced this policy statement. It has the rationale and recommendations for a population-based approach to reduce dietary salt intake among all people in the Americas, be they adults or children.

Policy Goal

A gradual and sustained drop in dietary salt intake to reach national targets or in their absence, the internationally recommended target of less than 5g/day/person by 2020.

Audience

Policy and decision makers in government, leaders in non-governmental organizations (representing consumers, health, scientific and health care professionals), civil society, the food industry (including food processors and distributors), among food importers and exporters, and in PAHO.

Rationale

- Increased blood pressure world-wide is the leading risk factor for death and the second leading risk for disability by causing heart disease, stroke and kidney failure.
- In the Americas, between 1/5 and 1/3 of all adults has hypertension and once age 80 is reached, over 90% can be expected to be hypertensive.
- In 2001, the management of non-optimal blood pressure (i.e. systolic pressure over 115 mmHg) consumed about 10% of the world's overall healthcare expenditures.
- As dietary salt consumption increases, so does blood pressure. Typical modern diets provide excessive amounts of salt, from early childhood through adulthood.
- The recommended intake of salt is less than 5g/day/person. In the Americas, intake can be one double the recommended level. All age groups including children are affected.
- Adding salt at the table is not the only problem. In most populations by far the largest amount of dietary salt comes from ready-made meals and pre-prepared foods, including bread, processed meats, and even breakfast cereals.
- Reducing salt consumption population-wide is one of the most cost-effective measures available to public health. It can lower the rates of a number of related chronic diseases and conditions at an estimated cost of between \$0.04 and \$0.32 US per person per year. Population-wide interventions can also distribute the benefits of healthy blood pressure equally.
- Governments are justified in intervening directly to reduce population-wide salt consumption because salt additives in food are so common. People are unaware of how much salt they are eating in different foods and of the adverse effects on their health. Children are especially vulnerable.
- Salt intake can be reduced without compromising micronutrient fortification efforts.

GOAL:

Sustained drop in dietary salt intake to reach national targets or the internationally recommended target of less than 5g/day/person by 2020, securing that it is fortified.

2010-2014 22 published peer reviewed articles

A REVIEW OF METHODS TO DETERMINE THE MAIN SOURCES OF SALT IN THE DIET

Prepared by:
WHO/PAHO Regional Expert Group for Cardiovascular Disease
Prevention through Population-wide Dietary Salt Reduction

Special Sub-group for Research and Surveillance
October 2010 v.7

Acknowledgements:

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Adriana Blanco Metzler, (INCENSA), Costa Rica
Daniel Ferrante, Health Promotion and Chronic Disease Control, Ministry of Health, Arge
Christina Howitt, Chronic Disease Research Centre, Barbados
Branka Legetic, PAHO Secretariat
Barbara Legowski, PAHO Secretariat
Eduardo Nilson, Food and Nutrition Coordination, Ministry of Health, Brazil
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Public Health, University of São Paulo, Brazil

PROTOCOL FOR POPULATION LEVEL SODIUM DETERMINATION IN 24-HOUR URINE SAMPLES

Prepared by:
WHO/PAHO Regional Expert Group for Cardiovascular Disease
Prevention through Population-wide Dietary Salt Reduction

Sub-group for Research and Surveillance
May 2010

Acknowledgements:

Naime Campbell
Franco Cappuccio
Anselmi Harris
Simone Barquera
Ricardo Correa Rother
Omar Dary
Rainford Mills
Daniel Ferrante
Rosana Buscaglione
Barbara Legowski



Too much salt raises blood pressure, leading to heart disease and stroke, the biggest killers of men.



Reducing your salt = lowering your blood pressure

Almost 1/2 of the population in the Americas has high blood pressure. High blood pressure can cause heart disease, stroke, and kidney failure. It can also lead to blindness and other serious health problems. High blood pressure is often called the 'silent killer' because it usually has no symptoms. But it can be controlled with lifestyle changes and medication.

One of the best ways to control high blood pressure is to eat less salt. Salt is found in many foods, especially processed foods. Reducing salt intake can help lower blood pressure and reduce the risk of heart disease, stroke, and kidney failure.

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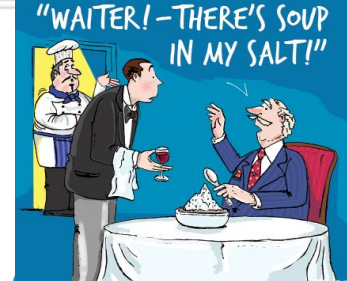
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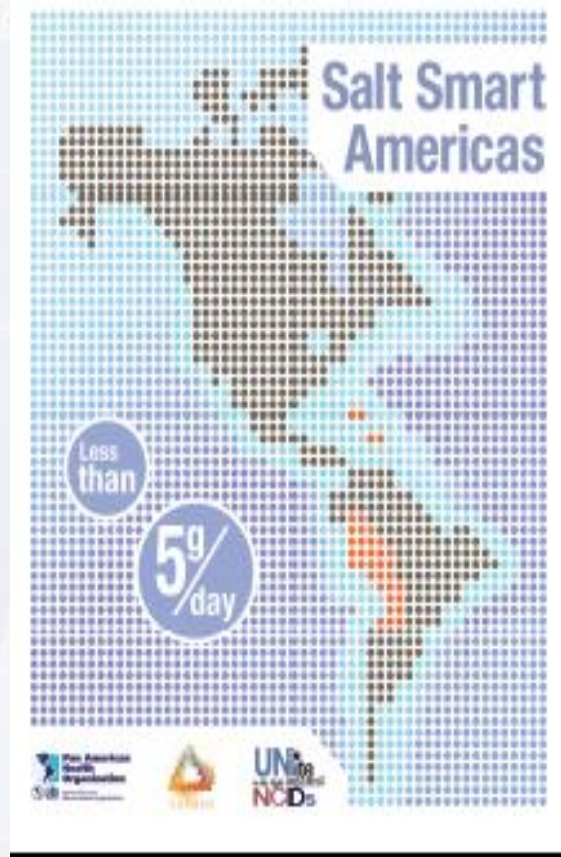
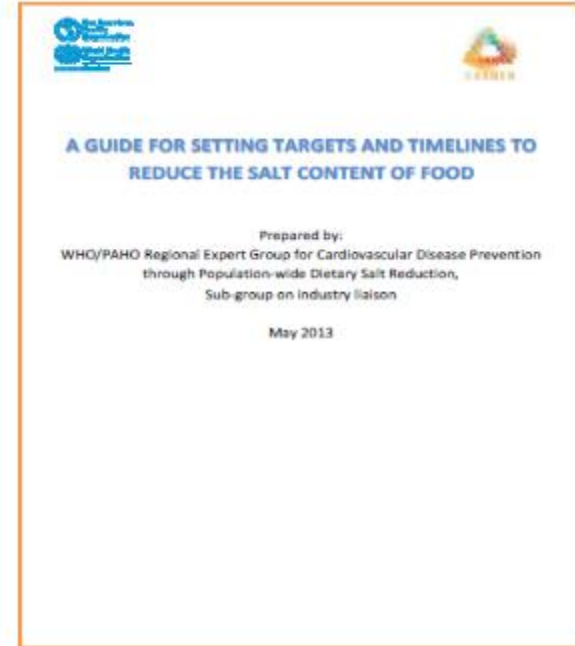


Eating too much salt damages our health.
Salt is also called sodium chloride. It is the sodium in salt that can be bad for our health.
Ask for less salt please!



TAG 2012-2015

IMPLEMENTATION PHASE:



Countries that are with Sodium/salt Reduction

Activities

- Argentina
- Barbados
- Brazil
- Canada
- Chile
- Central America (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama) and the Dominican Republic
- Cuba
- Mexico
- Trinidad & Tobago
- United States
- Uruguay
- Colombia,
- Paraguay



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Where are we now: Assessments of salt intake:

- Barbados: Health of the Nation study includes 24h urine assessment
- Mexico: SALMEX study : cohort of 1 000 workers: 24 h urine (sodium, potassium, iodine)
- NY: 24 h urine (sodium, potassium)
- Canada : Canadian Community Health Study; several provinces 24 h urine
- Argentina: sub sample of ENFR 24h urine
- Chile : National Health study (spot urine)
- Brazil: National Health Study (24h and spot urine)
- Costa Rica (national budget survey)

Salt Intake between 8.6-12 g/day/person



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Where are we now : Main sources of salt

- Approach:
 - Entire food supply: US, Canada
 - Selected food categories: Argentina, Brazil, Barbados, Chile, Paraguay, Mexico, Costa Rica
- Common food categories:
 - Bread and bakery products
 - Biscuits and cookies
 - Cakes
 - Processed meat and cuts
 - Dairy
 - Snacks
 - Soups
 - Pasta
 - Mayonnaise



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SALT SMART CONSORTIUM

The Multi-stakeholders Committed to
Reducing the Overconsumption of Dietary
Salt in the Americas



Provide a **platform for dialogue** and common action, for generating ideas and for catalyzing and accelerating the **implementation of science-based and technically feasible interventions** that measurably and significantly reduce the intake of salt in order to improve the lives of people and support countries in the Region to respond effectively to the Political Declaration of the 2011 UN High Level Meeting on NCDs in New York.



Lead the implementation of **regional efforts** to gradually and sustainably lower dietary salt intake to reach national targets or, in their absence, the PAHO recommended target of **less than 5g salt/adult/day by 2020**, with relative downward adjustments for intake among children



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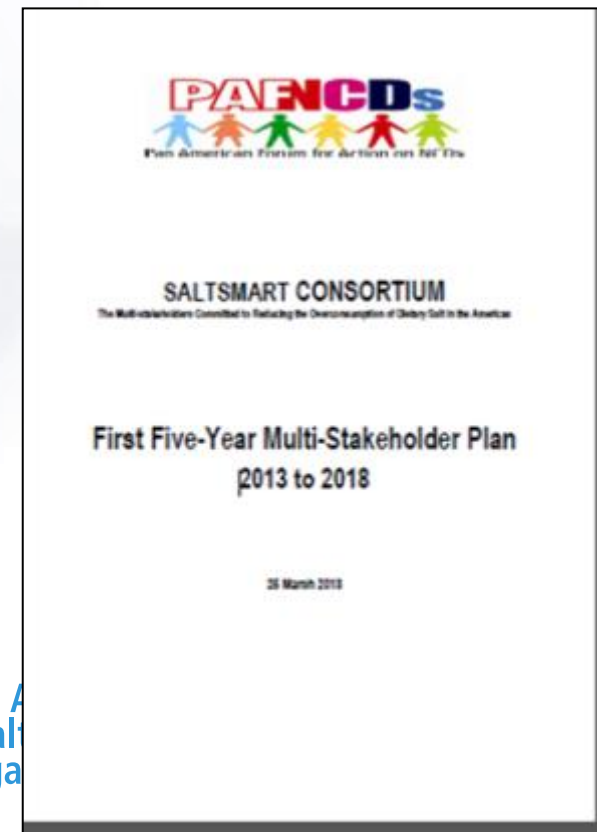
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SALT SMART CONSORTIUM

priorities 2014-16

- Changing a social norm around salt/sodium consumption
- Product reformulation



Consortium members:

- Governments: Argentina, Barbados, Brazil, Canada, Costa Rica, Colombia, Chile, Mexico, Paraguay, Trinidad & Tobago. US –FDA
- Civil Society & professional associations: CI, WHL, AHA, IHAF, SLAHN, HCC,
- Private sector: Bimbo, UNILEVER, Mondelez int, COPAL, ABBiA
- PAHO TAG: experts



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PAHO/WHO

The event highlighting the Salt-Smart Americas initiative was held on July 10 as part of the 2014... See more

[View all albums](#)

[Photos](#)



reformulation

...

Regional targets for selected food groups



Regional sodium reduction targets in the Americas

Concepts :

- Promote harmonization using existing national targets.
- Build on the current targets and timelines of countries in the America's.
- Utilize the technical document of the PAHO TAG for establishing targets.
- Utilize regional expertise in adopting regional targets.
- Implementation: collaborative activity of government, industry and civil society



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Regional sodium reduction targets in the Americas

Concepts

Use maxima levels to facilitate implementation and monitoring.

Facilitate more rapid reduction in dietary salt/salt content of foods in countries where targets do not currently exist.

Use major food groups contributing to salt consumption.

Targets regularly reassessed (biennially) based on progress and barriers.

Based on industry volunteerism with peer responsibility for adoption.

Transparent monitoring by third party to assure accountability.



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Regional sodium reduction targets in the Americas

Concepts:

- Not to override current national targets and timelines.
- Not to override countries from developing targets for additional food categories or setting more stringent maximums.
- Not to diminish salt reduction efforts in the entire product line of companies



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Consensus reached:

- Regional targets are agreed upon, based on existing targets approved by governments in the Americas.
- Regional targets are voluntary and recommended as a starting point for product reformulations. Governments may set or regulate different targets, and are encouraged to develop more stringent targets appropriate to their national situations.
- Existing maximum values are the basis for regional targets in an initial phase of harmonization; regional targets apply to a limited number of key food categories.



Consensus (2)

- The regional target for a food category is the highest value in the range of existing maximum values; it is expected that the regional target will evolve towards the lower target in the range.
- Regional targets will be revised on a two-year cycle as progress with reformulations in the key food categories shifts salt/sodium levels downwards.
- Monitoring and evaluation of industry adherence to regional targets will be transparent.



Agreed Regional Targets

- based on food categories and targets set by governments in Argentina, Brazil, Canada, Chile & NSRI (US)
- 12 Food categories: Bread; Soups, Mayonnaise, Biscuits and Cookies, Cakes, Meat, Cereals, Cheese, Butter/Diary spreads, Snacks, Pasta, Condiments,
 - main food sources of sodium : high sodium levels or high amounts consumed in 5 countries in the region
 - Major source in at least 2 or more countries
 - Recognizes that national targets in countries were set after extensive consultation between governments, consumer groups and food industry



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Agreed Regional Targets

- Maximum value based on the highest target set for the category
- *highlight the lower value from the range of existing targets for each food category.*
- Targets are technically feasible, and respected the food characteristics of a category
- the targets have a relative consistency in the Americas
- In most cases, targets are for broad categories, as many of the sub-categories are quite country specific
- To be revisited every two years to assess advances, lower the targets and expand No of targeted food groups



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Regional Targets – Example – Bread

- Reasonable Consistency
 - All breads range from 400 to 600 mg/100 g
 - Regional target – 600 mgNa/100 g
 - Lower Target 400mgNa/100 g
- Chile: sodium levels in bread: down from >830 mg/100 g to 479 mg/100 g (average)
- Argentina: agreement to lower salt in bread and cookies (including Bimbo), 25% achieved
- Most categories were handled in a similar approach

Regional Targets – Example 2 – Meats

Obvious reasons for different sub-category targets

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Cooked, uncooked, and processed meats and sausages [not including uncured or fresh meats]

- Most 550-1210 mgNa/100 g
- **Regional target – 1210 mgNa/100 g Lower Target: 690 mgNa/100g**

Dry cured and products conserved at room temperature

- Most 1350-1900 mg/100 g
- **Regional target – 1900 mgNa/100 g Lower target:1350mgNa/100g**

Breaded meat and poultry:

- **Regional target 735mgNa/100g Lower Target:470 mgNa/100g**



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Regional Targets – Example 3 – Dairy/Cheese

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- Unable to set a harmonized target – very wide variation in product types and existing targets
- Range 210 – 2530 mg/100 g
- Countries recommended to use the table to set limits for comparable products



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Regional Targets – Example 4 - Condiments

proposed by Costa Rica

Argentina		Brazil		Canada		Chile			
CONDIMENTS HS 21.03			condiments for pasta	33,134 (2015)	seasonings for side and main dishes	9,100 (2016)			
			condiments for rice	32,076 (2015)	meat and fish seasonings	23,000 (2016)			
			other salt based condiments (e.g. for meat)	21,775 (2015)	bouillon cubes and powders (as consumed)	360/100 mL (as consumed) ¹⁰ [e.g.18,000 (dry) assuming 5g powder/250 mL]			
			bouillon cubes and powders (dry)	20,500 ¹¹					
REGIONAL TARGET FOR RICE AND SIDE/MAIN DISH CONDIMENTS (NOT MEAT OR FISH): 33,100 mg Na / 100g (2016); LOWER TARGET: 9,100 mg Na / 100g (2016)									
REGIONAL TARGET FOR MEAT AND FISH CONDIMENTS: 23,000 mg Na / 100g (2016); LOWER TARGET: 21,775 mg Na / 100g (2016)									
REGIONAL TARGET FOR BOUILLON CUBES AND POWDERS: 20,500 mg Na / 100 g (2016); LOWER TARGET: 18,000 mg Na / 100g (2016)									

Monitoring

- Food Industry voluntarily provides data on products from 12 food categories
- Civil society uses :protocols for food sampling in store and I Phone software to collect photos of foods
- WHO CC for salt reduction in George Institute secures data entry into spreadsheets/database by:
- Categorization of foods
- Comparisons
 - In country
 - By food category
 - By manufacturer
 - Over time
 - Between countries



Engagement:

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- Engage governments, broader industry, consumer and health NGOs to sustain momentum
- Voluntary process
- Provide opportunities for companies and others to commit publically to process
- Transparency and monitoring are important
- Process and targets will continue to evolve
- Governments will set further and more stringent targets over time



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Engagement and next steps:

Role for each stakeholder

- PAHO as secretariat circulates the regional targets and supports / collects implementation
- PAFNCD/PAHO/TAG support countries anticipating targets to build necessary capacities
- Industry voluntarily and regularly provides food composition data on products in the key categories to an independent institution
- Civil society entity collects label data
- An independent institution collects product samples and label data and confirms accuracy as well as change in salt/sodium levels in products in the selected categories



Spring 2015 & 2017

REPORTING ON Baseline (2015):

Reporting on ADHERENCE TO established targets (2017)

- PAFNCD using results of data analyses reports publically on adherence
- Civil society entities report publically on adherence
- Public awareness of food company performance



Instead of conclusion:

- Establishment of regional salt/sodium reduction targets will benefit all :
- National strategies to improve the quality of the food supply
- food industry processes
- countries without targets can take advantage of the targets and timelines already in place and the lessons learned
- Consumers will be in a better position to achieve the recommended intake and the associated health gains;
- Food companies can migrate to harmonized formulations for same-products supplied to markets in the Americas.



More info on the initiatives in the Americas

- PAHO “salt “web page:
- ENG: http://www.paho.org/hq/index.php?option=com_content&view=article&id=2015&Itemid=4024&lang=en
- SP http://www.paho.org/hq/index.php?option=com_content&view=article&id=2015&Itemid=4024&lang=es
- Regional targets:
- ENG: http://www.paho.org/hq/index.php?option=com_content&view=article&id=10399&Itemid=41253&lang=en
- SP: http://www.paho.org/hq/index.php?option=com_content&view=article&id=10399&Itemid=41253&lang=es
- AHA web page: <http://sodiumbreakup.heart.org/sodium-411/sodium-kids/>
- Alass web page: <http://www.alass.net/index.php/semana-de-la-sal>



Thank you

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