

Terms of Reference

Technical Advisory Group to further mobilize

Cardiovascular Disease Prevention through Dietary Salt/sodium Control Policies and Interventions – Phase 3

Background and context

In September 2009, the Pan American Health Organization (PAHO) launched the initiative –*Cardiovascular Disease Prevention through Population-wide Dietary Salt Reduction*. It convened an Expert Group with a two-year mandate to supply tools and issue recommendations for strategies and interventions that would assist Member States to reduce the overconsumption of salt/sodium. At the end of 2012, the Expert Group had not only fulfilled its mandate, having provided technical inputs, products and guidance proven useful to Member States and globally, it had also strengthened the science that supports national cardiovascular and/or non communicable disease (NCD) and nutrition policies that include dietary salt/sodium reduction. The Region was at the forefront of a growing momentum to implement key interventions, among them reducing salt/sodium intake, identified in the Political Declaration of the UN High Level Meeting on NCDs in September 2011 in New York.

PAHO subsequently initiated a second phase of intervention and convened a Technical Advisory Group for a three-year period, with PAHO support, to further catalyze and stimulate governments, nongovernmental organizations, civil society, international organizations and the private sector to meaningfully participate in and contribute to reducing the overconsumption of salt/sodium in the Region. At the close of Phase 2 in the fall of 2015, twenty countries across the Americas had national initiatives to reduce at population level the consumption of salt/sodium.

Nevertheless, there remain inactive countries that need to launch national initiatives and active countries that need to reach their full capacity with interventions at the population level. And there continue to be several complex issues that require careful and sustained attention.

To assist countries to move forward, and to harness on their behalf the momentum created thus far and new opportunities that have emerged over the course of Phases 1 and 2 of the initiative, PAHO is convening a new technical advisory group to continue with a third phase.

Purpose

The Technical Advisory Group (TAG) is proposed as an advisory body to the Director of PAHO/WHO on the continued implementation of the regional initiative on *Cardiovascular Disease Prevention through Dietary Salt/sodium Control Policies and*

Interventions. The group responds to priority interventions stated in the WHO package of “most cost-effective interventions for NCD prevention” directly related to lowering population levels of blood pressure and subsequently influencing the levels of mortality due to stroke and the group of cardiovascular diseases.

The topic is not covered or included in any other body currently advising PAHO/WHO. There are no risks in establishing a TAG as the benefits of reduced salt/sodium intake have a sound internationally recognized scientific base. The proposed TAG members are public health practitioners, experienced academics with technical expertise in relevant disciplines, representatives of governments participating in the CARMEN network, representatives of WHO Collaborative Centers relative to the TAG areas of work, and PAHO staff.

Objectives

- Support Member States to achieve the WHO global target for 30% relative reduction in average salt/sodium intake and 25% relative reduction in elevated blood pressure by 2025 (or equivalent national targets).
- Provide PAHO/WHO executive management with recommendations on how to most effectively assist Member States to achieve the global or national targets for reduced salt/sodium intake and levels of elevated blood pressure.
- Support PAHO, Member States, and relevant stakeholders, using Regional, sub-regional and national platforms, to adopt the recommendations in the Final Report for Phase 2 of the PAHO/WHO initiative on Cardiovascular Disease Prevention through Population-wide Dietary Salt/sodium Reduction (annex 2)
- Address technical matters by
 - participating in and facilitating high quality research on the science of reducing the overconsumption of salt/sodium;
 - supporting and assisting with the translation of research findings into policies, strategies and interventions appropriate to country contexts;
 - supporting and assisting Member States and other stakeholders to apply the tools, products and guidance prepared in Phases 1 and 2, and developing new materials as needed to assist them in implementing salt/sodium reduction initiatives relevant to their mandates
- Continue to disseminate and encourage stakeholders to sign the 2009 Policy Statement on dietary salt/sodium reduction and the 2011 WEF Rio Declaration (*e.g. international organizations, the private sector, nutrition institutes, societies of health professionals*).
- Continue to identify advocates for dietary salt/sodium reduction in the Region and broaden communication networks.
- Align dietary salt/sodium reduction more closely with initiatives to prevent and control hypertension and to reduce or eliminate exposure to other diet-related risk factors to NCDs.
- Mobilize resources for the initiative.

Key deliverables

- A workplan for 2016-2018 (36 months) drafted by PAHO secretariat, and agreed by TAG members referring to addressing gaps regarding national dietary salt/sodium reduction initiatives and the technical cooperation most beneficial in assisting Member States to move forward.
- Best practices, lessons learned and recommendations for effective dietary salt/sodium reduction published or otherwise disseminated within the Region and internationally
- Biennial recommendations to the SaltSmart Consortium for 1)revisions and updates to the regional harmonized targets (upper limits for salt/sodium content) for key food categories/products and 2) Guidance on implementing a social marketing program that addresses the discretionary use of table salt and of high salt/sodium processed foods added at the table and in cooking.
- Guidance and support to Member States on how to conduct economic analyses that demonstrate the benefits of reducing salt/sodium consumption at population levels
- Guidance and support to Member States on how to transition from voluntary to regulatory approaches to reduce the salt/sodium levels in the food supply
- A determination of the barriers to integrating salt reduction with salt fortification/iodization programs
- An assessment of how the experiences with dietary salt/sodium reduction, at regional and national levels, may be applied to other strategies addressing diet-related risk factors to NCDs
- Contributions to setting and disseminating high quality standards for research on the science of reducing salt/sodium intake and its benefits
- Annual progress reports
- A final report for Phase 3

Duration and membership

The TAG's mandate is proposed for the period beginning in 2016 to the end of 2018 (36 months).

Composition

- The members are selected on the basis of having sound scientific and technical expertise in disciplines relevant to each area of work: advocacy, education, communication and social marketing; surveillance; engagement with the private sector; prevention of iodine deficiency through salt iodization; science and research on dietary salt/sodium.
- The TAG will have one chair and two co-chairs with sub-regional orientation.
- There will be a lead and co-lead for each area of work.
- There will be a secretariat hub in the PAHO Department of Noncommunicable Diseases and Mental Health.
- There will be an executive group (chair, co-chairs, leads for areas of work, PAHO secretariat)

The Phase 3 TAG members are listed in Annex 1.

Functions

The chair, co-chairs and leaders per area of work, with support from the PAHO secretariat, will draft a work-plan for the period of the TAG mandate, present to TAG members to endorse, and will guide the work as identified in the final workplan.

Reporting (mandatory) and Evaluation

The TAG will report annually on its progress relative to its work-plan, including qualitative and quantitative assessments where applicable.

The report will include: the progress made by Member States (those that have and do not have national initiatives); the nature of the initiatives underway and what has facilitated them; and the barriers encountered and the kind of assistance needed to make further progress. (It will include the barriers in countries with no initiatives to reduce dietary salt/sodium at the population level and what would facilitate overcoming them.)

Frequency, duration and cost of meetings

- The TAG members will meet in person at the beginning and end of the mandate, at minimum.
- The executive and leaders of the areas of work will meet virtually in closed meetings approximately every 3 months.
- Depending on the meeting agenda, members who cannot attend may delegate a substitute who may be from their institution or another as long as they have the expertise required for the meeting.
- Non-members are invited by the secretariat in consultation with the chair and co-chairs and work area leaders on an ad hoc basis.
- The secretariat will produce and disseminate action items for each meeting.
- The secretariat will disseminate a monthly report with updates on the activities of the TAG and its sub-groups.

Frequency	Duration	No. Members	Total Time (Hours)	FTE	Cost/Hour	Cost
						-
Quarterly- virtually	4	14	84	2080	85	7,129
						-
Yearly- in person	1	14	21	2080	85	1,782

In the PPS of secretariat members, the work is included for 25% of the time of the time of Ruben Grajeda. Secretariat work will include contract for senior consultant for TAG products and junior consultant for operational work and other contracts for experts as appropriate.

Potential for sustainability and replication

The Political Declaration of UN High Level Meeting on NCDs requested that WHO set targets and indicators till 2025. For salt/sodium, since 2013, the global target is 30% relative reduction in mean population intake of salt.

The work of the TAG is predominantly intellectual, to assist Member States to reach the global target or a national equivalent, requiring good coordination by the PAHO secretariat and good task management by the TAG chair, co-chairs and leaders of the areas of work. The experiences with both the Expert Group in Phase 1 and the TAG for Phase 2 have demonstrated the high degree of interest and commitment of the members, and the dynamic work achieved on both virtual (geographically dispersed) and face-to-face bases.

The initiative directly supports and integrates several crosscutting PAHO priorities. It addresses differences in blood pressure levels within and across populations e.g. between men and women and different ethnic groups, where social and economic determinants of health are implicated. It recognizes and operates through multi-stakeholder platforms and promotes community and primary healthcare responses. And with salt/sodium being a ubiquitous food additive, interventions to reduce its use are addressing whole populations and thus contributing to upholding the universal right to health.