

**REPORT FOR THE TECHNICAL MEETING ON SETTING TARGETS
AND TIMELINES TO REDUCE THE SALT CONTENT OF FOOD**

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Key Messages

Representatives of 13 countries in the Pan American Region met in Mexico City in December 2013 to review the *WHO/PAHO Guide to Setting Targets and Timelines to Reduce the Salt Content of Food*. For each of the steps in the Guide, each country shared what is working and the challenges encountered in engaging the food industry in reformulations.

As of December 2013, 12 countries have formal initiatives to reduce the overconsumption of dietary salt – Argentina, Barbados, Brazil, Canada, Chile, Columbia, Costa Rica, Ecuador, Mexico, Paraguay, Uruguay and the US National Salt Reduction Initiative (NSRI).

Eight countries have targets: Brazil, Canada, Mexico and the NSRI have exclusively voluntary targets; Argentina, Chile and Ecuador have both voluntary and regulated components to their approaches (the regulations require warning labels on packaged products that exceed upper limits for critical nutrients); Paraguay has regulated the salt content of bread. All targets follow a schedule of gradual reductions.

The salt reduction initiatives in these countries are either part of a broader nutrition or NCD related initiative or are stand-alone. In all cases, broad public consensus has been essential. It has anchored government actions particularly with fiscal instruments and is holding governments and the food industry accountable for commitments made.

Governments have been persuaded to act on the basis of evidence of the negative economic and social impacts of diet-related NCDs, and of the benefits of a best buy like dietary salt reduction.

Where food companies have independently pledged a reduction in salt use, countries are advising that their intentions must be concrete and transparent e.g. identifying the products to be reformulated, their baseline salt content, the schedule for reductions and how progress will be reported.

Common across the central and southern sub-regions are healthy food and environment policies for schools. These programs can serve as platforms to promote reformulation through standards for food procurement and preparation.

Countries are recognizing that iodine fortification at optimal levels can be ensured while salt consumption is reduced. Brazil is studying sodium and iodine intake simultaneously in a sample of adults; Costa Rica and Ecuador intend similar studies.

A key challenge in the Central, South American and Caribbean sub-regions is small food establishments and street food vendors that serve large proportions of the population and are unorganized. The local food inspection systems that cover these businesses may provide the platforms for new training to reduce the use of salt. Another large sector for intervention is wholesale bulk foods.

Health authorities in countries that are highly dependent on imported foods need to work closely with ministries of trade and commerce to understand how to retain the integrity of national nutrition label and claims standards in the context of free trade agreements.

Whether it's removing saltshakers in restaurants or setting targets to limit the salt in foods, resources for the initiatives need to account for both implementation and formal evaluation.

Securing and monitoring national data on salt intake and food composition remain challenges in the Region.

Continuing to collect and disseminate targets, timelines and best practices supports harmonization.

Sub-regional common markets are a mechanism for advancing the harmonization of food labeling standards and restrictions on advertising and marketing of foods and beverages to children.

Countries have asked PAHO to assist them to connect one to one with experts to address specific issues and/or facilitate networks of countries that are at the same level, and have requested a regional scan of restrictions on advertising and marketing of foods and beverages to children.

Welcome and Introduction

M. Birmingham, R. Avilés and E. Jaramillo welcomed participants. B. Legetic introduced meeting objectives and confirmed the meeting process.

In 2009, when PAHO launched the initiative to reduce dietary salt across the Region, three countries were already active – Argentina, Canada and the National Salt Reduction Initiative (NSRI) in the USA. Since then momentum grew. Another nine countries are now taking steps to reduce salt intake at population level – Barbados, Brazil, Chile, Columbia, Costa Rica, Ecuador, Mexico, Paraguay and Uruguay. Peru and St. Kitts and Nevis are studying how best to go forward.

Eight countries have targets. In Brazil, Canada, Mexico and the NSRI, targets are voluntary. Argentina, Chile and Ecuador have both voluntary and regulated targets. Paraguay has regulated the salt content of bread.

The PAHO Technical Advisory Group (TAG) for Cardiovascular Disease Prevention through Population-wide Dietary Salt Reduction is aiming to support countries not yet or just beginning to engage food industries in reformulations. To this end, in January 2013, at a meeting in Santiago, Chile, countries with targets in place met to distill their experiences, producing the *Guide to Setting Targets and Timelines to Reduce the Salt Content of Food* (available at http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=21493&Itemid=).

In Mexico City, three groups of countries came together: those with targets; those taking initial steps either to secure national policies or to initiate salt reduction strategies; and those making preliminary plans to address excess salt. The overall goal of the meeting was the update and exchange of experiences.

This Report

This report reflects the outcomes of the Mexico City meeting (agenda available at http://www.paho.org/hq/index.php?option=com_content&view=article&id=9290&Itemid=39984). It first lists the presentations made to update activities in Mexico and Mexico City, Brazil, Canada, Argentina, Chile and Paraguay, followed by summary points of the discussion and observations.

The report then summaries what is working and challenges per country for each of the five Steps in the *Guide for Setting Targets and Timeline*. The report concludes with points on harmonization and next steps.

All presentations are at:

- English
http://www.paho.org/hq/index.php?option=com_content&view=article&id=2015&Itemid=4024&lang=en
- Spanish
http://www.paho.org/hq/index.php?option=com_content&view=article&id=2015&Itemid=4024&lang=es.

Updates

Mexico and Mexico City

E. Jaramillo and F. Osuna presented the April 2013 launch of - *Sal + Salud* initiative in Mexico City, the regulations proposed in September 2013 for front of pack food labels and the October 2013 National Overweight and Obesity Strategy.

Countries with regulated targets

D. Ferrante from Argentina and G. Benítez of Paraguay described their country's regulations on salt content. C. Sasso presented Chile's voluntary targets for bread and its new law on warning labels based on upper limits for nutrients including salt.

Countries with voluntary targets

E. Nilson presented Brazil's approach and C. Kuran explained Canada's.

Discussions and observations

- The - *Sal + Salud* initiative in Mexico City, first focused on removing saltshakers from restaurants, has gained significant media attention. Media informally evaluated uptake, checking restaurants and reporting on those with and without shakers and asked consumers about awareness. The initiative is important for raising awareness.
- The saltshaker initiative is depending on the restaurant association for dissemination. Not all members of the restaurant association are participating nor are small establishments in the association. The latter and the informal food sector are not organized and account for about 60% of consumers. Influencing a larger segment of the restaurant sector could be achieved by targeting large volume wholesale ingredients e.g. pre-prepared soup bases and sauces purchased in bulk.
- Whether it's removing saltshakers from restaurants or setting targets to limit the salt in foods, evaluation is essential.
- At the national level, dietary salt reduction is part of the Overweight and Obesity Strategy. The argument used to convince Mexican authorities to launch the Overweight and Obesity Strategy converted a technical health problem into a political issue – it framed the impacts of obesity and overweight as threats to economic and social development and educational performance. Next steps are challenging: increasing access to local fruits and vegetables with fair and affordable pricing and engaging the informal food sector. Regarding the latter, there are 16 local districts in Mexico City that regulate street food sellers. Public health inspectors now train vendors and check for hygiene in food preparation. This is potentially the platform for new training to lower the use of salt. It could begin an integration of non-communicable with communicable risks into the frame of food safety.

- Public consensus for better nutrition is giving governments a stronger anchoring when challenged. Fiscal instruments especially have needed broad based support e.g. the tax on sodas in Mexico. It was challenged on the basis of job losses in the soda industry but the tax has public consensus based on protecting children. Similarly, broadcasters challenged new wider limits on advertising and marketing of foods and beverages to children but public consensus for more comprehensive restrictions prevailed.
- Replacing sodium with potassium has been challenged on the basis of risk of hyperkalemia. Important to note is that people at most risk are those with compromised kidney function e.g. advanced diabetes.

Review of the *Guide to Setting Targets and Timelines to Reduce the Salt Content of Food*

M. L'Abbé reviewed the development of the Guide and its components (available at http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=21493+&Itemid=999999&lang=en)

- The five steps:
 - Securing the national strategy to reduce dietary salt
 - Preparing data
 - Identifying key stakeholders
 - Planning meetings
 - Monitoring performance
- Appendix 1– the targets and timelines for food categories that five countries (Argentina, Brazil, Canada, Chile and the US NSRI) have in common.
- Appendix 2– the links to the complete sets of national targets and timelines and to the industry commitments that have been published.
- Appendix 3– a summary of pros and cons to the types of targets that can be set.

Summary of country experiences by Step

Step 1 – securing the national strategy to reduce dietary salt

What is working

- Argentina formally added dietary salt reduction to a national TFA initiative in 2009, creating the Commission for the Reduction of Salt and TFA. Then – *Sal + Vida* was launched in 2010, part of CVD prevention and the National Strategy for the Prevention and Control of NCDs based on a PAHO regional initiative. Lead organizations are the Ministry of Health, Ministry of Agriculture, National Nutrition Institute, National Institute of Industrial Technology, and National Commission for NCD Prevention and Control.

Work had begun on bread in 2006/07 with the federation of bakers' industries, representing predominantly small businesses that account for about 95% of all bread consumed in Argentina. Bakers began to reformulate products specifically to reduce salt content. Other associations representing 80-85% of large national and multinational food industries and supermarkets have now joined the initiative and became members of the Commission.

- Barbados is a signatory to the 2007 Port of Spain Declaration by CARICOM countries – Uniting to Stop the Epidemic of NCDs. This was impetus for a sub-committee of Cabinet to create an NCD Commission tasked to prepare a response to NCDs, involving government, labor and NGOs. Regarding food reformulations, a voluntary approach is expected.
- Brazil launched its national plan to reduce salt consumption in 2011. It complements the national nutrition and CVD prevention strategies. Salt reduction is coordinated by the MOH and the national health surveillance agency (ANVISA) and involves the Brazilian Association of Food Industries (ABIA). Given the successes with the food industry regarding TFA elimination, when the issue of dietary salt reduction was introduced, industry was responsive to voluntary targets and timelines, and in 2011, ABIA signed the Rio Declaration on Dietary Sodium/Salt Reduction.
- In 2007 a Sodium Working Group chaired by Health Canada (national department of health), with representatives from food manufacturing and food service industry groups, health-focused NGOs, the scientific community, consumer advocacy groups, health professional organizations and other government department representatives, developed voluntary guidance benchmarks for sodium for a comprehensive set of processed food products and those sold in food service establishments.
- In 2008 Chile set up a Task Force to develop the strategy to reduce sodium consumption, complementing the Strategy against Obesity, the Nutrition Intervention Strategy through the human

life cycle, the Cardiovascular Health Program and the Choose Healthy Living Campaign focused on a healthy population especially children. Leadership lies with the MOH, Sub-secretary of Public Health. Impetus for the initiative came from data in the 2007 burden of disease study that showed high blood pressure as the leading risk factor contributing to national mortality and high dietary salt the second. The data also indicated a socio-economic gradient for arterial hypertension – poorer people are more likely to have high blood pressure. The equity aspect contributed to the decision for action.

The Task Force is an intersectoral and interdisciplinary group comprising academics, scientific societies, the food industry, consumers' association and PAHO, coordinated by the Sub-secretary for Public Health. Since 2006 nutrition labels on food products have been mandatory and require among other elements the identification of sodium content. Then between 2007 and 2012, the national Congress discussed a macro level regulatory framework to govern the information on the nutrient content of food products and food advertising, deciding that the preferred approach was to set limits for the concentrations of fat, sugar and salt and for total calories, that if exceeded, would require the food product to carry a warning label. As a result, in 2012 Chile passed a law on the Nutritional Composition of Foods and Advertising that established among other provisions, three new requirements and commitments for food manufacturers: advertisements for food products must include a positive message to motivate and educate consumers to follow healthy lifestyles; manufacturers have to put a health warning on all packaged products that are high in calories, fat, sugar or salt; and advertising of food with warning labels to children under the age of 14 is banned.

- The National Plan to Reduce the Consumption of Salt/Sodium in the Population of Costa Rica (2011-2021) lies within the National Policy on Food Security and Nutrition, led by the MOH and the Institute for Research and Education in Nutrition and Health. As of 2013 Costa Rica has a strategy and action plan for NCDs, led by an intersectoral NCD Commission. It has adopted the global goal of 15% reduction in sodium; target date is 2021 (the year has historic significance in Latin America).
- In the Dominican Republic work has been ongoing since 2010 with multiple sectors to address NCDs e.g. ministries of health, agriculture, education and sports, and various private industries. A review is underway on how to proceed with reducing salt intake to address NCDs. Reducing the salt in artisanal bread through voluntary measures is being considered as the starting point, working with the associations of bread makers. Given an existing agreement with supermarkets to promote healthy lifestyles, health authorities expect to access their bakeries.
- Ecuador has a national plan for Better Life for which there is a general proposal to set limits on sodium, sugar and TFA. There is also a new law (since mid November 2013) that all processed foods must have warning labels (traffic light system) if limits for sugar, sodium and TFA are exceeded. Industry has 1-2 years to comply. Ecuador also has a communication law that gives the MOH discretion as to which food products can be advertised.

- The Mexican President announced - *Sal+ Salud* in April 2013 and accepted the regional goal of 5g salt/person/day by 2020. The Secretary for Health was convinced to invest in prevention on the basis that diet-related NCDs are threats to economic and social development and school performance. Throughout, public consensus was important and the media have been integral in this regard. Before the general assembly moves to regulate salt, health authorities are working to strengthen public consensus and convince e.g. the restaurant association that regulations can be advantageous. The healthy check mark (seal) system (government certification) and front of pack labeling are now compulsory – only the foods with the government seal can be advertised to children and the labeling includes sodium content. While single-issue initiatives like salt reduction are important they are subsumed into a broad integrated approach. For example Mexico's Overweight and Obesity Strategy will potentially contribute to reducing salt intake as body weight (amount of food consumed) and salt intake are directly related.
- Paraguay's initiative on nutrition and food policy (encompassing e.g. physical activity, fruit and vegetable consumption, TFA elimination, sodium reduction and overarching issues of overweight and obesity) has been validated by an intersectoral commission comprising the MOH, ministries of education, agriculture, trade and commerce, and sport along with scientific societies. There is now an action plan for nutrition and food policy prepared for 2014–2024, soon to be approved by the government. The bakery industry is primary at this point for sodium reduction (small bakers and industrial bakers operate separately). In April 2013 the MOH adopted the regional target of 5g salt /person/day by 2020 and formalized a resolution on bread.
- The President of Peru has officially accepted the target of 5g salt/person/day by 2020 but there are no instruments yet to activate its achievement. Health authorities are working to convince the Ministry of Economy with scientific evidence of the economic implications of diet-related NCDs, taking advantage of opportunities when policies can be influenced, noting when best to involve other ministries and national industry associations.
- Dietary salt reduction is part of Uruguay's national NCD prevention and national nutrition programs led by the MOH.
- Because the objective is social change on a scale similar to the de-normalization of tobacco use, countries are finding that the broader the base of public awareness and support, the better. Barbados for example is engaging the Christian Council and Evangelical Mission to disseminate the message for mindful healthy living and the diet-related risks to NCDs. Argentina certifies small bakeries that are using less salt and disseminates their participation through –*Sal+ Vida* logos that bakeries put into their shop windows while the fees for certification support local district governments. Argentina also tested low salt bread with consumers and reported publicly their acceptance. Paraguay is planning a similar approach, intending to survey consumers on awareness of the relationship between salt and blood pressure and conduct taste testing of bread at the same time that the bakery industry begins to reformulate. Particularly where public health interventions

have the potential to be contentious e.g. taxes on sodas (e.g. Mexico), limits on advertising and marketing to children (e.g. Chile, Mexico), reformulations affecting large powerful sectors in food manufacturing or agriculture (e.g. Argentina, Brazil), health authorities are depending on strong public consensus to both anchor the government actions that benefit whole populations and hold government and the food industry accountable for the commitments they make.

- All countries active in or intending dietary salt reduction, with the exception of Chile and Ecuador, have chosen a voluntary approach using a schedule of gradual sodium reductions, allowing for adjustment of consumer taste and development of food technology solutions. Chile and Ecuador both have voluntary targets for bread plus a law that requires warning labels on packaged foods whose sodium, sugar and fat content exceed pre-set limits. Ecuador will consider regulations if the voluntary approach fails to achieve measureable results. Argentina indicated that for large and complex sectors such as dairy and meat, regulations might be more expedient. Similarly with relatively large and unorganized sectors such as street food vendors and small food establishments that are not part of national restaurant associations, regulations might be required. When regulating, it is best to not specify a target in the regulation, rather indicate that gradual reductions are required with ongoing oversight of progress.
- International declarations and agreements made either in the region or elsewhere, by countries, multinational or large national food companies, have assisted authorities to raise the profile of NCDs or specifically salt reduction within their political contexts. Key examples are: the UN High Level Meeting on NCDs in 2011; the 2007 Port of Spain Declaration on NCDs signed by CARICOM countries; the 2012 pledge by leading food and beverage companies to voluntarily limit advertising and marketing to children in the EU; the commitments made by multinationals in Great Britain over the course of the dietary salt reduction program there; the Rio Declaration at the 2011 World Economic Forum; and the commitments made by food companies and restaurant chains to the US NSRI since 2011. Most recently the WHO global target of 30% relative reduction in daily salt intake by 2025 has stimulated countries to respond.
- Barbados and Peru noted the potential to use existing school food programs, in particular food procurement and preparation, as platforms for salt reduction. Education has baseline data on student consumption patterns and there is experience in the sector with monitoring and evaluation of interventions. Costa Rica has regulated limits on TFA and sodium in food products offered in schools (must be $\leq 300\text{mg sodium}/100\text{g}$).

Challenges

- MOH in countries that are highly dependent on imported foods e.g. several in the Caribbean, need to work closely with ministries of trade and commerce. Health authorities need to understand how the integrity of national nutrition label and claims standards can be retained in the context of free trade agreements.

- Ministries of economy and trade may be reluctant to intervene in matters of proprietary food processing. Here the economic and societal rationales for interventions, put forward at high political levels, backed by public consensus, are necessary.
- Countries need to ensure that the advertising of product reformulations is consistent with national health claims regulations. For example, a company should not be able to advertise a percent reduction in sodium that it could not legally claim on its packaging.
- There are many options for food labeling. Countries need to choose the option that is evidence based as well as appropriate to people's average level of health literacy.
- While regulatory approaches may be preferred, they can be slow to realize. They may nevertheless be the only incentive for industry to reformulate products. Despite voluntary agreements to reformulate, companies may be non-compliant especially where they have been permitted to self-regulate.
- Some countries in the region lack national nutrition guidelines.
- Countries may have laws but no regulations to implement them. Similarly there may be policies in place but no implementation plans.
- In a highly decentralized country like Peru, where e.g. school environments and public health infrastructures are the responsibility of states or municipalities, it can be difficult for national intentions to be realized.
- The focus of targets to date, apart from artisanal bread, has been on processed pre-packaged foods. Other types of foods whose salt content the consumer does not control or for which nutrient content labeling does not apply are wholesale products supplied in bulk, street food vendors, small independent restaurants and caterers. These are large and for the most part unorganized sectors.

Step 2 – preparing data

What is working

- Independent and objective food technology experts have been crucial to health authorities in all the countries with targets and timelines. In Argentina the National Institute of Industrial Technology works with health authorities and industry to set feasible and meaningful targets that take into account the roles of sodium salts in formulations. In Chile, researchers in nutrition sciences working with health authorities, and with information from the food industry, determined the maximum levels of nutrients and calories per serving that became the basis for the new warning label law.

- For Brazil, it was important to have understood ahead of meetings all the regulatory frameworks that govern food safety e.g. the agriculture ministry oversees meats and dairy, not MOH.
- Health authorities in the Dominican Republic are organizing national data on morbidity and mortality due to CVD and are considering using salt intake data from a neighboring country with a similar food culture. Paraguay intends to use Chilean salt intake data as a proxy for national data.
- Brazil's approach, using household budget surveys, combined with sodium content data from labels, remains a viable alternative to formal food consumption surveys for identifying the food categories to prioritize for reformulation.
- Barbados has sodium intake data based on 24-hour urine sampling. Brazil is adding a spot urine collection component to a national nutrition survey with a sub-sample of 24-hour urine collection that will provide data on both sodium and iodine intakes.
- Canada's purchased proprietary product sales data to calculate the weighted sodium averages per food category in preparation for industry engagement. It also set the maximum level for sodium content in a food category (arbitrarily) at the 75th percentile in the range of sodium in the category. This was a means to equitably distribute the benefit of sodium reduction across the population. Even if a consumer preferred a higher salt taste, the product selected would still have had a lowered salt content.

Challenges

- Many countries lack the resources to collect the full complement of data needed to secure a national strategy e.g. salt intake, salt content of foods, and baselines on food consumption. Many also lack the data needed to model the reductions in disease burden attributable to lower salt intake.
- Food consumption patterns in some cases are changing more rapidly than the capacities of public health surveillance.

Steps 3 & 4 – Identifying key stakeholders and planning meetings

What is working

- Argentina has found that including NGOs and civil society in meetings with industry, whenever possible and relevant, has maintained public pressure on the government to continue support and on industry to continue with reformulations.

- Whenever possible Brazilian health authorities have worked with associations e.g. ABIA and the association for supermarkets, to extend the promotion of the initiative and the reach of decisions and commitments. It has proven essential to arrive at meetings with an understanding of food technology issues along with information about the targets that food companies in other countries have agreed to and achieved so far.
- Stakeholders in Canada were involved in up to three levels of meetings: initial broad and large meetings with all key stakeholders to agree on principles and processes; then meetings by food category (with associations) with technical back up; and when necessary smaller meetings focused on individual companies and their issues. In all cases process details and in some cases issues were pre-circulated/exchanged to facilitate reaching mutually agreeable decisions at the meetings. General notes were kept; all stakeholders reviewed the notes before they were released as formal records. Teleconferences were recorded for the sake of taking notes. Stakeholders were assured that private proprietary matters would be kept confidential.
- In Chile, the MOH along with academia and other sectors e.g. the food industry expressed their views on the process of developing the food labeling law, communicating either directly during meetings or by sending comments through national and international public consultations. The bread associations and the supermarket chains with private label brand breads are well organized and are responding with voluntary salt reductions hence the proposals for regulation in this sector have had a relatively good reception thus far. However this is not the case with other sectors of the food industry. The strategy to date has therefore been voluntary agreements with the well-organized sectors e.g. bread makers and development of regulations to address packaged food products. Future challenges are restaurants and wholesale bulk products.
- In Costa Rica, the program to reduce salt/sodium consumption is involving the MOH and the Costa Rican Chamber of the Food Industry (CACIA), seeking an agreement for joint action. Food categories for which targets and timelines for reduced sodium will be established will be added one by one. Once agreements have been made, civil society and consumers will be invited to build public consensus.

The salt reduction program is working with the national training institute to support small and medium enterprises in developing technologies and food formulations that use less sodium.

Through the Costa Rican Tourism Institute, a process has been developed to certify hotels and restaurants that among other requirements voluntarily remove saltshakers from tables and gradually use less sodium in meal preparation.

- Agreements are about to be finalized in Paraguay with artisanal bread bakers and bread manufacturers. Experience has shown that consumers should have been involved at the outset so they will now become engaged in the upcoming meetings with all bread producers. Health authorities expect also to engage other government departments e.g. industry and trade,

agriculture and education, plus scientific societies especially for CVD and nephrology. As stakeholders are added, meeting processes will be improved e.g. questions and concerns will be gathered ahead of time, and meeting records will be circulated.

- In Peru, the national nutrition centre has since 2010 been convening meetings with multiple stakeholders (food industry, NGOs, academia, government legal and customs departments) but has not reached any resolutions. Now a legal proposal for health protection is being prepared, to deal with warning labels on foods high in sugar and salt. Implementation will likely take three years; in the meantime health authorities are relying on voluntary action.
- The NCD component of the national partners forum in Trinidad and Tobago met in March of 2013 with the food industry. Matters are at the sensitization and awareness raising level; there are no data yet on salt intake or salt in products.
- Health authorities in Uruguay have to date partial agreements with the bakery industry. They intend to organize strategic allies in and outside government e.g. they are working now with chambers of industry and trade and expect to include agencies for food safety, agriculture, education as well as civil society and disease-based NGOs.

Challenges

- The extent to which a particular association represents the sector must be understood. Depending on the proportion of a sector not represented by the association, those outside the association may need to become engaged through other means, seeking a level playing field.
- A food company may choose to reduce sodium content “by stealth” and not want to participate in a public process. It must nevertheless agree to the same targets and timelines in place for other food companies and provision must be made for accountability equivalent to the public scrutiny that other companies have agreed to.
- In Trinidad and Tobago, as in other small island countries in the Caribbean, where imported products dominate the food market, a big concern is standardized labels.

Step 5 – Monitoring and evaluation

What is working

- Argentina has process and outcome monitoring at three levels: population, food industry and specifically with bakers. Taking lessons from the tobacco control experience, conducting public opinion surveys, while a part of M&E, contributes to maintaining the profile of and pressure on government and industry for salt reduction. Risk factor assessment is now planned with a subset of 24-hour urine testing and blood pressure. For large food industry products with targets, every

two years there is a quantitative analysis of TFA and sodium (plan to add sugar) through a network of laboratories. Bakeries are also on a two-year cycle for analysis and progress reporting on bread, coinciding with the product redevelopment cycle. Food labels are being digitized to facilitate monitoring of nutrient content, as are food composition data at the point of registration of new products. Household food budgets and sales of salt are also being monitored. The media are contributing to monitoring by promoting those bakeries that are certified as having reduced salt products.

- In Brazil, the food industry and government have agreed to label analysis and laboratory testing to determine sodium additives in products. Accountability resides with the Councils for National Health and for Food and Nutrition Security. Laboratory capacity at federal and state levels is being employed, involving the MOH, ANVISA and state level agencies (27 states are covered). There are also independent studies by e.g. consumer organizations. Outcomes in terms of intake are being monitored through population surveys e.g. in December 2013, studied sodium and iodine intake in a sample of adults and intend to survey children.
- Canada's next national food consumption survey will be conducted in 2015 and will include questions on sodium intake and sodium use in the home. The current benchmark guidelines (formerly targets) extend to 2016. New label data collection will likely begin in 2017 as will acquisition of product sales data to update the sales weighted averages per food category. Independent of government, NGOs and academia are supporting and making significant contributions to monitoring e.g. 24-hour urine sampling; study of packaged food data reported by sodium/100g of product, per portion and per calorie; restaurant food data.
- Bakeries in the metropolitan region in Chile have made a voluntary agreement to reformulate. In 2010, intermediate studies found 560mg sodium/100g of bread (goal is 480mg). Most recently, four products per bakery were sampled with results expected in mid 2014.
- Costa Rica is part of the George Institute (Australia) global monitoring project where participating countries use iPhone technology to collect nutrition label data on brand-name products for content analysis and comparison. In 2013, data collection was completed in the most popular supermarket chains.

Costa Rica analyzed data from a 2004 national household budget survey following a methodology developed by Brazil to identify main sources of salt and calculate the salt available in the home. As soon as the 2012-2013 household budget survey data are made available, they will also be analyzed as before.

Costa Rica also intends sampling of 24-hour urine to determine sodium, potassium, fluoride and iodine intakes simultaneously.

- Ecuador has found 60-70% compliance with voluntary sodium limits in bread and sausages. If the voluntary approach appears to be causing delays, regulations will be considered. Ecuador also intends to study sodium and iodine intakes simultaneously.
- In Mexico City, for the saltshaker campaign, the agency for public health protection visited restaurants and found a high rate of compliance (small enterprises not yet included). While the media have collected public opinion on saltshakers and this way assisted with maintaining the profile of the initiative, a formal evaluation of the public is expected regarding awareness and impacts on personal behavior. An initial phone survey, conducted a few days after the launch of the saltshaker campaign, found more than 85% agreement with the initiative.
- Paraguay will begin monitoring bread in 2014 once the agreement with bakers is finalized and baseline salt content determined. Bakers and bread technologists in supermarkets will be trained to use less salt. The laboratories of the institute for food and nutrition will conduct the analyses; they are currently procuring equipment.
- In Uruguay, monitoring involves the bakery sector. The MOH, bakery association and CVD scientific society have joint responsibility. Schools of chemistry and university laboratories can be partners. While not all bakeries are participating, the monitoring will facilitate uptake of the initiative. Bakeries and the public will be informed of results.

Challenges

- Monitoring of salt in food products is not cost-effective as a stand-alone initiative; it must be part of existing nutrient monitoring systems.
- Program design and evaluation need to move beyond raising awareness to changing behavior.
- While it is understood that industry label data need to be verified, the lack of capacity to do so is creating a default position where industry data are accepted without question.
- Some countries face a constant cycle of re-application and re-justification for funding e.g. for surveillance. Without a self-sustaining funding mechanism, it is difficult to proceed. The understanding of what constitutes food safety needs to be expanded beyond infectious agents to include the nutrients in manufactured foods that in excess pose a risk to health.
- Where food companies independently pledge a reduction in salt content, their intentions must be made concrete and transparent – they must identify which products, what baselines, the timeline and how progress will be reported.
- While countries are acknowledging that programs that rely on iodized salt to prevent iodine deficiency disorders can be maintained while salt intake falls, most in Central and South America lack the resources to use the 24-hour urine collection method recommended to determine baselines for sodium and iodine intake and for subsequent monitoring.

Talking about harmonization

- An acceptable goal at this point related to harmonization is equitable access to up to date and accurate regional food composition data. This requires food company participation and is best approached from a sub-regional or regional perspective where national and international pressures are applied together.
- Improving dissemination of country progress with salt reduction will aid harmonization of targets in the long term.
- Countries can use their common markets or other sub-regional platforms to advance harmonizing eg food labels including claims and warnings, restrictions on advertising and marketing to children. Standardizing food labels is now supported by Codex in that labels are required to have a core list of nutrients that includes sodium/salt. Labeling is on the agenda now at MERCOSUR.
- Further to Codex, countries are encouraged to advocate MOH/public health representation of national interests at Codex meetings. Funds to support health authorities to attend Codex may be collected through a country's system of new food product registration or from systems of product certification.

Next Steps

- Countries asked PAHO to continue to collect and disseminate targets, timelines and best practices; to assist countries to connect one to one with experts to address specific issues; and/or facilitate networks of countries that are at the same level.
- Countries requested a regional scan for restrictions on advertising and marketing of foods and beverages to children. Of note is the voluntary pledge made by several multinationals in the EU in 2012 (available at http://www.eu-pledge.eu/sites/eu-pledge.eu/files/releases/EU_Pledge_Nutrition_White_Paper_Nov_2012.pdf)