



ELSEVIER



WORLD HEART
FEDERATION®

www.elsevier.com/locate/precon

Short communication

PAHO/WHO Regional Expert Group Policy Statement – Preventing cardiovascular disease in the Americas by reducing dietary salt intake population-wide

N. Campbell*, B. Legowski, B. Legetic, R. Wilks, A.B. Pinto de Almeida Vasconcellos, On behalf of the PAHO/WHO Regional Expert Group on Cardiovascular Disease Prevention through Dietary Salt Reduction.¹

Received 16 December 2009; accepted 16 December 2009
Available online 8 February 2010

* Corresponding author. Tel.: +1 613 737 8153.

E-mail address: ncampbel@ucalgary.ca (N. Campbell).

¹ Norm Campbell, Chair (University of Calgary – Canada); Rainford Wilks, Co-chair for the Caribbean (Tropical Medicine Research Institute – Jamaica); Ana Beatriz Pinto de Almeida Vasconcellos, Co-chair for Latin America (Ministry of Health – Brazil); Simón Barquera (National Institute of Public Health – Mexico); Adriana Blanco-Metzler (Institute for Research and Education in Nutrition and Health (INCIENSA) – Costa Rica); Ezzedine Boutrif (FAO – Italy); Francesco Cappuccio (Warwick University – England); Beatriz Champagne (InterAmerican Heart Foundation – United States); Ricardo Correa-Rotter (Salvador Zubiran National Institute of Medical Sciences and Nutrition (INNSZ) – Mexico); Omar Dary (A2Z Project – United States); Darwin Labarthe (CDC – United States); Mary L'Abbe (University of Toronto – Canada); Hubert Linders (Consumers International, Regional Office for Latin America and the Caribbean – Chile); Carlos Monteiro (University of Sao Paulo – Brazil); Tito Pizarro (Ministry of Health – Chile); Jorge Polônia (University of Fernando Pessoa – Portugal); Marcelo Tavella (Program for the Prevention of Infarct in Argentina (PROPIA) – Argentina); Ricardo Uauy (Institute for Nutrition and Food Technology (INTA) – Chile); Lianne Vardy (Public Health Agency of Canada).

Policy goal

A gradual and sustained drop in dietary salt intake to reach national targets or the internationally recommended target of less than 5 g/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 mm Hg 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 5 g/day/person. In the Americas, intake can be over 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 equitably.
- 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.
- Develop sustainable, funded, scientifically based salt reduction programs that are integrated into existing food, nutrition, health and education programs. The programs should be socially inclusive and include major socioeconomic, racial, cultural, gender and age subgroups and specifically children. Components should include:
 - Standardized food labeling such that consumers can easily identify high and low salt foods.
 - Educating people including children about the health risks of high dietary salt and how to reduce salt intake as part of a healthy diet.
- Initiate collaboration with relevant domestic food industries to set gradually decreasing targets, with timelines, for salt levels according to food categories, by regulation or through economic incentives or disincentives with government oversight.
- Regulate or otherwise encourage domestic and multinational food enterprises to adopt the lowest of a) best in class (salt content to match the lowest in the specific food category) and b) best in world for the national market (match the lowest salt content of the specific food produced by the company elsewhere in the world).
- Develop a national surveillance system with regular reporting to identify dietary salt intake levels and the major sources of dietary salt. Monitor progress towards the national target(s) for dietary salt intake or the internationally recommended target.
- Review national salt fortification policies and recommendations to be in concordance with the recommended salt intake.
- Extend official support to the Codex Alimentarius committee on food labeling for salt/sodium to be included as a mandatory component of nutrition labels.
- Develop legislative or regulatory frameworks to implement the World Health Organization (WHO) recommendations on advertising of food products and beverages to children.

Recommendations for policy and action

The recommendations below are consistent with the World Health Organization's three pillars for successful dietary salt reduction: product reformulation; consumer awareness and education campaigns; and environmental changes to make healthy choices the easiest and most affordable options for all people.

To national governments

- Seek endorsement of this policy statement by ministries of health, agriculture and trade, by food regulatory agencies, national public health leaders, non-governmental organizations (NGOs), academia, and relevant food industries.

To non-governmental organizations, health care organizations, associations of health professionals

- Endorse this policy statement.
- Educate memberships on the health risks of high dietary salt and how to reduce salt intake. Encourage involvement in advocacy. Monitor

and promote presentations on dietary salt at national meetings and the publication of articles on dietary salt.

- Promote and advocate media releases on dietary salt reduction to reach the public, including children and particularly women given their integral roles in family health and food preparation.
- Broadly disseminate relevant literature.
- Educate policy and decision makers on the health benefits of lowering blood pressure among normotensive and hypertensive people, regardless of age.
- Advocate policies and regulations that will contribute to population-wide reductions in dietary salt.
- Promote coalition building, increase organizational capacity for advocacy and develop advocacy tools to promote civil society actions.

To the food industry

- Endorse this policy statement.
- Make current best in class and best in world low salt products and practices universal across global markets as soon as possible. Make salt substitutes readily available at affordable prices.
- Institute reformulation schedules for a gradual and sustained reduction in the salt content of all existing salt-containing food products, restaurant and ready-made meals to contribute to achieving the internationally recommended target or national targets where applicable. Make all new food product formulations inherently low in salt.
- Use standardized, clear and easy-to-understand food labels that include information on salt content.
- Promote the health benefits of low salt diets to all peoples of the Americas.

To the Pan American Health Organization

- Ensure good communications and information sharing between regional and international initiatives to foster best practices.
- Develop a template for national report cards and report to Member States on comparative national baselines and progress at pre specified time points (e.g. in 2010 the baseline, progress in 2015 and 2020).
- Work with Member States to monitor dietary salt consumption in the Americas.
- Develop and foster a network of endorsing governments, NGOs, and expert champions on dietary salt in the Pan American region.
- Develop a web based 'toolbox' with educational materials and programs on dietary salt for the public, patients, health care professionals that are culturally appropriate to sub-regions of the Americas.
- Develop and advocate conflict of interest guidelines to assist health organizations and scientists in the Pan American region in their interactions with the food industry.
- Foster research on the economic and health impacts of high dietary salt in the countries and sub-regions of the Pan American region.
- Assist Member States to revise national and sub-regional fortification programs to be consistent with efforts to reduce dietary salt.
- Collaborate with the Food and Agriculture Organization (FAO), UNICEF, the Codex Alimentarius Commission and other relevant UN bodies to achieve a consistent and coordinated approach to reducing dietary salt.
- Educate policy and decision makers on the health benefits of lowering blood pressure among normotensive and hypertensive people, regardless of age.
- Advocate policies and regulations that will contribute to population-wide reductions in dietary salt.

Available online at www.sciencedirect.com



ScienceDirect