How three countries in the Americas are fortifying dietary salt reduction: A north and south perspective

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A chronic disease/risk factor prevention framework with three policy environments – communications, physical and economic – was used to organize population level interventions that address the “over consumption of dietary salt,” a key risk factor for cardiovascular diseases. The framework was then used to map the population based strategies to reduce dietary salt consumption being applied in three countries in the Americas – Argentina, Canada and Chile – each with a history of multi-sector approaches to deal with the risk factors for chronic disease, offering a north versus south perspective.

Results show that in all three countries policy instruments are concentrated in the communications environment, e.g. media and education campaigns and/or regulations for standardized information on the salt or sodium content of packaged food products. Notable gaps are the requirement for nutrient information on meals and food items prepared by food establishments and restrictions on advertising and marketing of foods to children. In the physical environment, referring to the sodium levels in commercially prepared foods and meals available on the market, voluntary reformulation of food products is underway at this time in the three countries. Argentina and Chile began with bread and have gradually added other food categories; Canada at the outset is addressing all food categories where products have added salt. Argentina alone is at this point actively approaching regulations to limit the salt content of food, preferring this over ongoing monitoring of voluntary targets. No government in the three countries has yet considered action in the economic environment, a complex area where the research on and initiatives to limit or disadvantage energy-dense food products to address obesity may also capture foods that are highly salted. In the meantime, with recent research estimating substantially higher gains in population health from government legislation to limit salt in foods compared to voluntary approaches, decision makers in countries, whether in the north or south, committed to reducing dietary salt can take Argentina’s example to strengthen their interventions in the physical environment with regulatory instruments. This will sustain reformulations made to date, “level the playing field” industry-wide and broadly and equitably distribute the health benefits of low salt foods.

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1. Why a population based approach to reduce the overconsumption of salt?

Most people in the Americas region over consume salt. The last comparable data show intake levels to be well above the internationally recommended limit of <5 g/day/person (equivalent to <2000 mg of sodium) [1,2].

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In high-income countries, over 75% of dietary salt comes from pre-prepared and ready-made foods where the salt is added before the products are sold [3]. In lower and middle income economies that are experiencing trade liberalization, as studied for example in Central America [4], one of the consequences is a nutrition transition with increasing consumption of commercially prepared food products including those that come highly salted.

Such high dietary salt is raising blood pressure, not only among people with hypertension but also among those with blood pressure in the normal range [5]. By 2025, without intervention, as populations age and the risk of elevated blood pressure increases, 29% of adults around the world are expected to have hypertension [6]. Already, the economic impacts are alarming. In 2001, the management of non-optimal blood pressure and its associated chronic diseases consumed about 10% of global healthcare expenditures, considered a conservative estimate. If the welfare losses from premature death are added, the costs could be 20 times higher [7].

The paradigm around salt is changing. Whereas it was historically a highly valued trade item in short supply, essential to preserve food and considered safe, it is now a plentiful, very inexpensive and unrestricted food additive that is almost ubiquitous in the commercial food supply. As a result, it is over consumed, most often inadvertently by virtue of it being “hidden” in processed and packaged foods, and in excess, is not safe.

The high degree to which salt is found across the food supply calls for population-wide public health interventions. On a global scale, a strategy that combines mass-media awareness campaigns with regulation of the salt content of food products has been predicted to avert 8.5 million deaths worldwide, mostly from cardiovascular diseases [8]. For Argentina, a 15% reduction in dietary salt was estimated to save 60,000 lives from 2006 to 2015, with lowered salt content of bread being particularly cost-effective [9]. In Canada, reducing dietary sodium additives may decrease hypertension prevalence by 30% with direct savings to health care systems of approximately $430 million per year [10]. In the US, if average population intake of salt fell to 5 g/day, there could be 11 million fewer cases of hypertension, saving approximately $18 billion in healthcare and gaining about $32 billion in quality adjusted life years [11].

2. A framework to analyze dietary salt reduction strategies

Conceptual frameworks to guide population-wide approaches to prevent chronic diseases often promote three characteristics – that they be comprehensive, multi-sectoral and integrated. A framework by Brownson et al. [12] deconstructs the desirable characteristics into tangible domains or environments for policy, categorized and defined as follows:

- **Communications** – the supply of information to the public to encourage healthy behaviour or deter unhealthy behaviour.
- **Physical context** – the availability of and access to healthy choices or conversely, limited access to unhealthy choices.
- **Economic levers** – cost incentives or disincentives that promote healthy products and lifestyle choices.

Brownson et al. used the framework to compile the range of effective or promising interventions related to three risk factors (RF) for non-communicable diseases (NCD), namely tobacco use, physical inactivity and general unhealthy diet. The types of policies in each environment and the mechanisms they apply can operate independently or be relational to each other. When the “package” of effective policies has mechanisms operating simultaneously in all three environments, it is understood as optimal in terms of changing normative attitudes towards a RF while at the same time indicating the resources that need to be assembled across the environments.

3. Methodology

The three policy environments in the Brownson framework provide an opportunity to “test” the comprehensiveness of the public policies that are recommended to address the over consumption of dietary salt and to map actual interventions being applied. For the latter, we chose the national dietary sodium/salt reduction strategies in Argentina, Canada and Chile. In Argentina people consume an estimated 12–13 g of salt per day, with approximately 4 g coming from bread alone [13]; in Canada, the mean intake of sodium is approximately 3400 mg per day, equivalent to 8.6 g of salt [14]; and in Chile, the most recent estimate of average daily salt intake is 12 g [15]. The three countries have all demonstrated clear national (government and civil society) policy commitment to salt reduction and offer a perspective on north versus south approaches in the Americas region. For policy and decision makers, we also intend to provide an additional insight on how to use the Brownson framework with its three policy environments:

- stimulate thinking on, compare and critique current policies or approaches that deal with RF for NCD, in particular dietary salt reduction, as to their degree of comprehensiveness, integration and multi-sectorality; and
- consider a package of actions operating simultaneously across the policy domains to fortify population level dietary salt reduction.

Unless otherwise noted, information on the dietary salt reduction approaches in the three countries is taken from the following documents: report of January 13–14, 2009 meeting in Miami, Florida – “Mobilizing for dietary salt reduction in the Americas” (see http://www.paho.org/English/AD/dpc/nc/salt_mtg_rpt.pdf); and the report of September 9–10, 2009 meeting in Washington DC – “Cardiovascular disease prevention through dietary salt reduction” (see http://new.paho.org/hq/index.php?option=com_content&task=view&id=2024&Itemid=1767). These were supplemented through personal communica-
tions with and information from NCD coordinators and leaders of salt reduction initiatives in the three countries.

4. The analytic approach

We adjusted the Brownson policy environments to apply specifically to the overconsumption of salt:

- **Communications** – using consumer awareness and nutrition education to assist consumers to make healthy food choices, in particular awareness of the salt content of food products (using, e.g. nutrition labels, front-of-pack labels, point-of-purchase information) and of the harmful effects to health of a high salt diet (using, e.g. warning labels, social marketing campaigns), plus targeted communication to other audiences (food producers, manufacturers, food chains, supermarkets, health professionals, food service professionals).

- **Physical context** – reformulating commercially manufactured and prepared food products to be low in salt and privileging the location and display of low salt products anywhere that people purchase or consume pre-prepared foods, for example, food stores, restaurants, fast-food outlets, street food vendors, hotels, public and private institutions with cafeterias, implicating food retailers, food processors and distributors, food importers and exporters, caterers.

- **Economic levers** – taxes and/or subsidies to reduce the use of salt by commercial food manufacturers (supply side) and influencing consumer purchasing patterns (demand side) to make low/no salt products the easiest and most affordable choices available to people at all socio-economic levels.

Ultimately and ideally, successful communications and economic policies would manifest a physical environment with ready access to plentiful and inexpensive low/no salt food products.

5. Comparative analysis of population level dietary salt reduction in Argentina, Canada and Chile

Our analysis begins with the descriptions of national level entities mandated to address dietary salt in the three countries. We then compile the interventions underway in each country into the framework’s three domains and compare them.

5.1. Strategy initiation and governance

Argentina took advantage of the success achieved with the food industry and civil society to eliminate trans fatty acids (TFA) from the food market by adding in 2009 dietary salt reduction to its existing national TFA initiative, creating a multi-sector Commission for the Reduction of Salt and TFA. The national plan to reduce dietary salt consumption has five areas for action: knowledge, social support, skills, motivation and environmental changes. A baseline of sodium consumption in the population and the concentration of sodium in the most commonly consumed foods have been determined. The Commission is now working with industry to evaluate the feasibility of reducing salt in food products to meet health targets that at the same time recognize the function of salt in foods. Priority was assigned to foods that contribute the largest amounts of sodium to the Argentine diet, found to be bread, processed meats and soups. The Commission will evaluate the impacts of interventions in terms of process indicators, i.e. the salt content of targeted foods, and outcome indicators, i.e. cardiovascular disease (CVD) events attributed to salt intake levels.

In Canada, a lobby of 10 national non-governmental organizations (NGOs) initiated the movement for dietary salt reduction in 2006. After the NGOs broadcasted a strong policy statement in 2007 that included a call for federal leadership, the government of Canada formed a multi-stakeholder 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 relevant government department representatives. The Group delivered a Sodium Reduction Strategy for Canada in 2010 with 2300 mg sodium/person/day by 2016 as its target [16]. The federal, provincial and territorial ministers of health have endorsed the Strategy target and have committed to monitoring progress towards it.

In 2008 Chile convened a National Task Force for the Reduction of Salt Intake in the Chilean Population, acting on data from a 2007 burden of disease study that showed high blood pressure as the leading risk factor contributing to national mortality and high dietary salt as the second. The Task Force is a permanent intersectoral and interdisciplinary group comprising academics, scientific societies, private sector industry, the food industry (restaurant association, poultry producers, association of bread producers), non-governmental organizations (the foundation for hypertension and heart health, the “5 a day” fruit and vegetable initiative), consumers’ association and the Pan American Health Organization, coordinated by the Sub-secretariat for Public Health in the Ministry of Health. It is determining actual salt intake and the sources of salt in the diet, and defining the lines of work, contributions and commitments for each sector involved in dietary salt reduction, beginning in 2010.

5.2. Interventions in the communications environment

In Argentina, a national communications campaign is targeting the general public, the commercial food processing industry, bakeries and food outlets (e.g. restaurants, hotels, cafeterias). The message is “Less salt, more life” (Menos sal, mas vida), part of the national health promotion strategy “Healthy Argentina” (Argentina saludable). There is also a national cardiovascular health campaign every September called “100,000 hearts” (100,000 corazones) [17] that includes messages about salt intake. The national Commission leading the initiative has a web site that includes information for the public and regulations require that any food containing high levels of sodium and/or cholesterol must have nutrition information on its container. The Argentinean Parliament has also deliberated
that packaged foods that have more than 30% of the daily sodium recommendation must include on the label the warning "high salt content consumption may be harmful for human health". The non-governmental sector in Canada is most active in the communications environment. Blood Pressure Canada (BPC), a coalition of professional associations, NGOs and private sector organizations, has been working to prepare educational/promotional materials on sodium for patients, professionals and the public. BPC is a supporting partner of a Canadian Hypertension Education Program that took sodium as a major theme in 2007. The Canadian Stroke Network has a website with consumer information (www.sodium101.ca); sponsors the cynical Salt Lick "award" for highly salted consumer foods; and is actively involved with the media regarding sodium-related news. The Canadian Heart and Stroke Foundation "Health Check" program permits products that meet defined criteria, including sodium content, to display a front-of-package Health Check logo. Action on the part of government includes Canada’s Food Guide that contains several recommendations relevant to salt [18].

Since 2005, Canada has regulation pertaining to nutrition labels, nutrient content claims and health claims that has affected most pre-packaged foods. The regulation moved Canada, where labeling till then had been voluntary, towards increased compatibility with the nutrition labeling regulations (that included sodium disclosure) in the United States, Canada’s largest trading partner. Nutrition labels in Canada must include information on total calories and 13 core nutrients, including sodium in milligrams per serving and as a percent of the upper daily limit (2300 mg). Regarding nutrient content claims, the following is regulated specific to salt and sodium:

- "salt-free" = <5 mg sodium per serving,
- "low in sodium" = <140 mg per serving,
- "reduced in sodium" or "lower in sodium" = at least 25% less sodium than the regular product,
- "no added sodium or salt" = no added salt, other sodium salts or sodium-containing ingredients which function as a substitute for regular salt,
- "lightly salted" = at least 50% less added sodium than in the similar reference food.

One health claim is regulated that is specific to sodium: “A healthy diet containing foods high in potassium and low in sodium may reduce the risk of high blood pressure, a risk factor for stroke and heart disease.” In order to display this claim, a product must also display either the “salt-free” or “low in sodium” content claim. In addition, foods which display the health claim for fats must meet a requirement regarding sodium: they must contain 480 mg or less of sodium per reference amount and per serving.

Indirectly related to high salt intake but relevant in that it intends to promote healthy eating is advertising of food products to children. In all Canadian provinces except Québec (where the Consumer Protection Act prohibits any advertising to children under 13 years of age [19]) the Broadcast Code of Advertising to Children applies, developed by the Canadian Association of Broadcasters as a self-regulatory instrument with Advertising Standards Canada, representing the advertising industry. The code applies to all commercials targeting children during children’s programming. The only guideline regarding food calls for snack products to be presented as such and not as substitutes for meals [20].

In Chile, nutrition labeling has been mandatory on pre-packaged foods since 2006. International agencies such as the World Health Organization and especially its 2004 “Global Strategy on Diet, Physical Activity and Health” were among the motivators for policies on population level nutrition. Six core nutrients, including sodium, must appear on the label, and products making nutrient claims must meet defined criteria:

- “sodium-free” = <5 mg per serving,
- “very low in sodium” = ≤35 mg per serving,
- “low in sodium” = ≤140 mg per serving,
- “reduced in sodium” = at least 25% lower content than the reference product.

Only those products whose labels indicate “low in sodium” are permitted to have a health claim related to salt saying “a diet low in salt can reduce the risk of developing arterial hypertension”. In addition, products whose label indicate “good source of potassium” or “high in potassium” or “low sodium” are permitted to say “among other factors, a diet with foods that are labeled as a good source of potassium or are low in sodium can contribute to lowering the risk of hypertension and cardiovascular disease”.

Congress approval is pending for a Bill on the nutritional composition of food and food advertising. The Bill will establish a regulatory framework on food safety and healthy eating, setting minimum standards for the production, distribution and marketing of food, and guiding consumer behaviour through clear signals and information on the quality and quantity of what is consumed. Sodium is one of the critical nutrients to be affected by the Bill through:

- Warning messages or signs.
- Increased visibility of current labeling by regulating the size and contrast of letters on the label.
- Restricting in schools the sale and advertising of unhealthy products (those high in sodium, saturated fat, sugar or calories).

Most recently, a food product manufacturer introduced a TV campaign focused on a specific product “galetas” with less salt.

All three countries have policy measures in the communications environment. They vary from being comprehensive in Canada including a regulatory framework, to Argentina where there is only limited regulation but the government and health-related organizations lead targeted information campaigns, to Chile, that has a clear regulatory framework addressing labeling and information but lacks a media campaign to inform and educate consumers and mobilize the public.
5.3. Interventions in the physical environment

In Argentina, the Federation of Bakers’ Industries, representing predominantly small businesses that account for about 95% of all bread consumed nationally, began engagement with government in 2006 to reformulate products specifically to reduce salt content. Since then, two other associations representing between 80 and 85% of large national and multinational food industries and supermarkets, have joined the initiative and are now members of the Commission for the Reduction of TFA and Salt. Industries are collaborating with the National Institute of Industrial Technology on studies to determine a first set of feasible targets for sodium levels in three food categories – bread, meats and soups – that take into account the functions of salt in each category.

The Food and Consumer Products of Canada, an umbrella organization representing 60–70% of Canadian food manufacturers, has agreed to collaborate with government and the health sector on voluntary sodium reduction. Meetings in 2009 with food industry stakeholders, Health Canada and the Food Supply Sub-committee of the Sodium Working Group laid the ground work for discussion of sodium reduction targets for processed foods and foods sold through foodservice establishments. The 2010 Strategy represents the beginning of a process of implementation and monitoring, with reports expected on sodium intake by Canadians over time, the progress that industry is making in achieving the sodium reduction targets, the effectiveness of the education and awareness campaigns, and the progress in funding and conducting research to address knowledge gaps. The results of the monitoring and evaluation process for the overall strategy are to be reviewed and if necessary, additional steps, including potential regulatory approaches may be recommended [16].

The Chilean Ministry of Health has been working with associations of various food companies whose products account for large proportions of certain high volume food categories in the total food market. Current priorities are the salt content of bread and processed meats. Beginning with bread, the Ministry has engaged with associations of supermarkets (that typically have bakeries) and other associations that represent almost all of the rest of the artisanal bread sector. The bread producers have declared that they understand that the salt content of bread needs to be lowered and are willing to collaborate in doing so. Small bakeries have in fact indicated a preference for regulation to “level the playing field”. Regarding meat, the Ministry is working with associations of companies that produce sausages, ham and other meat products, accounting for almost 80% of this sector of the food market.

Public health and food industry representatives are approaching consensus on a plan of action with targets for the salt content of specific food products. Pending is regulation that will restrict the sale of certain foods, e.g. those high in calories, fats, sugar and salt, within schools. It will also forbid the offer or distribution for free of these food products to children less than 14 years of age, or their use as awarded or gifts in any competitions or other events that are intended to attract children.

All three counties have introduced similar measures to affect the physical environment – the voluntary reformulation of food products – with targets negotiated between governments and the food industry. The major difference among the countries is that Canada aims to impact the full food supply working with multinational and national companies while Argentina and Chile are focusing first on the food categories that are the main sources of salt in the diet, having begun with bread, engaging small and medium enterprises, and gradually adding other food categories. We understand this to reflect the different capacities in the countries in the south compared to the north to undertake the negotiations required to first establish the targets and timelines per food category and then monitor the reformulations to keep progress on track. Similarly we take Argentina’s intention to regulate salt content as an example of where the best use of the capacities and instruments at hand for the longer term is regulation rather than ongoing oversight of voluntary targets.

5.4. Interventions in the economic environment

None of the counties has introduced measures to operate in the economic environment targeting salt consumption. The only country with an economic policy instrument affecting food is Canada. Canadians pay a national Goods and Services Tax (GST) of 5%, a value-added tax, on selected processed foods with certain packaging and service characteristics, some of which, like snacks, are often highly salted. The GST on food products is designed to generate revenue; it is not an instrument of healthy food and nutrition policy. Certain provincial governments have similarly intended and designed taxes.

6. Discussion

The Browson framework with its communications, physical and economic policy environments can help policy and decision makers understand the concepts of integration, comprehensiveness and multi-sector engagement in the context of NCD prevention. Browson et al. state that an early focus on RF and NCD prevention, an upstream perspective operationalized across the policy environments, is of lower cost than downstream disease treatment, has high reach and the healthy environments serve to support all later interventions. In our case the three counties have chosen the same preventive approach, with policy instruments directed at salt reduction active in two of the three environments but with different levels of application.

To further advance addressing RF to NCD, Browson et al. also suggest learning from other parts of the world and then adjusting to local context and politics. The three analyzed counties have all modeled their approaches after Great Britain’s salt reduction strategy, with government agencies negotiating with the food industry on voluntary salt reduction targets and timelines. Canada, like Great Britain, has chosen to work on all food categories while Chile and Argentina have a gradual approach, first targeting high vol-
ume products like bread and processed meat, two main sources of salt in the diet.

The leadership of the programs is similar in all three, based on the engagement of government and civil society, with the latter playing a particularly strong role in Canada where it has a history of advocacy. In Chile and Argentina the role of government is more prominent in that in these south hemisphere countries, government led initiatives have a higher probability for acceptance by the general public and other actors in society.

Browson et al. also suggest that comprehensiveness means acting on multiple levels and addressing health disparities. Regarding multiple levels, salt reduction policies should be embedded in and coordinated to existing nutrition policies. In all three counties nutrition policies have a long tradition and are politically supported hence emphasizing salt reduction and using existing mechanisms has been a logical way forward. Salt reduction has been joined to national TFA initiatives and sodium is included along with other nutrients on food labels, nutrient content claims, health claims or warning labels.

However, it can be argued that comprehensiveness is not complete. To date, regulations where they exist apply only to pre-packaged foods; food service establishments, such as restaurants, fast food outlets, street vendors and caterers do not require nutrient information next to their menu items. No government has yet extended its interventions to ensure healthy food procurement policies (including low/no salt foods) across public institutions nor is any country synchronizing salt reduction with micronutrient fortification policies that rely on salt as a vehicle.

As for actions that intentionally address health disparities, Chile alone intends to prohibit the sale or supply of unhealthy foods, including those high in salt, in discrete physical environments where children convene – schools and children’s events. With the exception of the province of Québec in Canada, only Chile is anticipating a ban on advertising of unhealthy foods to children. Otherwise, it can be argued that voluntary reductions in the salt content of food products, while potentially affecting the whole food supply, can nevertheless create situations where low/no salt products, by virtue of research and development costs or as marketing strategies, are more expensive than their high salt counterparts. If reformulated products are maintained at higher price points and become the main alternatives to highly salted foods, health disparities may be exacerbated.

To secure integration Browson et al. stress the importance of using existing tools, using economic models and undertaking more and better focused policy research. To this end, Canada and Argentina have conducted economic evaluations that have shown the cost effectiveness of salt reduction interventions, although more complex levels of analysis have still to be applied [21,22].

Regarding multi-sector engagement, all three counties are in the process of building non-traditional partnerships to strengthen the work in salt reduction. Canada’s Sodium Working Group that included industry associations, Chile’s successful negotiations with the bread industry, and the collaboration and partnership with the associations of local bakers and supermarkets chains in Argentina illustrate this. Argentina has a stated intention to regulate the salt content of initially three categories of food – bread, processed meats and soups, working with the food industry in developing feasible targets for each category. Otherwise, Canada and Chile are applying various mechanisms to convince food industries to reformulate products on a voluntary basis.

Argentina’s approach to developing with industry the targets on which to base regulation and the recent recommendations from the US Institutes of Medicine (IOM) to the US Food and Drug Administration to apply its regulatory authority to gradually reduce the salt content of the national food supply [23] are promising advancements that hold potential to motivate a regulatory approach to dietary salt reduction region-wide. In support of such action is very recent evidence that government legislation on moderate salt limits in processed foods could be 20 times more cost-effective than voluntary action in improving population health in terms of cost per disability adjusted life year [24].

There are no economic instruments directly in aid of dietary salt reduction in the three countries, understandable given the complexities inherent in designing economic incentives or disincentives aimed at shifting food consumption (demand) and food formulation (supply) together towards healthy foods, demonstrated in the research on obesogenic food environments. In the case of salt, almost ubiquitous in the food supply, a thorough review in the IOM report concluded that economic instruments specific to salt reduction are not appropriate [23].

Nevertheless, taking into account warnings of cross-elasticities [25,26], strategies are emerging to reduce the consumption of products with high caloric density to address obesity and harmful levels of ingredients like saturated fats and sugars, some of which are also high in salt. Among the strategies are targeted taxing of unhealthy foods [27,28], or conversely, tax exemptions for healthy products, combined with an appropriate subsidy on for example fruits and vegetables [29,30] and pricing strategies that deliver significant and sustained discounts on healthier foods [31].

7. Conclusion

The three countries actively addressing excessive salt consumption have policies and strategies in two out of the three policy environments. In the case of salt, unlike a RF like tobacco, economic instruments directed at salt alone are not at this time recommended. We submit that the strategies described in the three countries are nevertheless comprehensive, multi-sectoral and integrated albeit to varying degrees. Where opportunities lie to fortify dietary salt reduction is within their communications and physical environments, to make them comprehensive within themselves, using all the instruments at hand to apply the evidence of what is most effective, in this way also becoming better integrated by virtue of being optimally mutually supportive.

The three countries have a concentration of interventions in the communications environment, where the strength of regulation has been applied to support consumer awareness campaigns and education for a better public understanding of healthy nutrition that includes low intake of salt. The key gap that remains is nutri-
ent information on menus and all countries can examine restrictions on food marketing to children across media and venues. Regarding the latter, they can refer to the comprehensive recommendations prepared for the World Health Organization on the marketing of food and non-alcoholic beverages to children [32].

In the physical environment by food industry admission, voluntary reformulation is a slow process, taking small steps to change formulations, adapt consumer preferences and not lose market share. And to be effective for population level health benefit, reformulations must be industry-wide affecting all components of the food chain where salt or sodium is an additive, from small to multinational [3]. To achieve the breadth and depth of change needed for the “dose” of lowered salt consumption to have a positive measurable effect on population health, governments need not delay. They can take the example of Argentina – move on regulation to “level the playing field” market-wide, sustain what has been achieved and go from there. This would at the same time contribute to a broad and equitable distribution of the benefits of low salt foods. The sooner people of all ages and socio-economic strata eat less salt, the better for them and for healthcare budgets.

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