

Updated PAHO Regional Sodium Reduction Targets

A Tool to Tackle the Burden of Diet-related Noncommunicable Diseases



Food Category	Current Sodium (mg)	Target Sodium (mg)	% Change
Energy bars, and nut butters/spreads	170		
14b Nut butters and nut spreads	330	300	0.3
15. Fats and oils			
15a Salted butter, margarine, and butter blends	510	460	
Mayonnaise	670	600	
Refrigerated and shelf-stable oil and vinegar-based dressings, and creamy dressings	800	730	
Sauces and condiments			
Bouillon cubes and powders, as sold	18,000	16,000	68.0
Shelf-stable, refrigerated, frozen, and dry mix pasta sauces including those that are tomato, cream or cheese-based (e.g., alfredo sauce). As consumed. Includes pizza sauce.	330	300	4.5
Shelf-stable and refrigerated pesto e.g., basil or sun-dried tomato pesto.	800	640	
Shelf-stable plain or flavored tomato sauce. Excludes tomato-based pasta	300		

Background



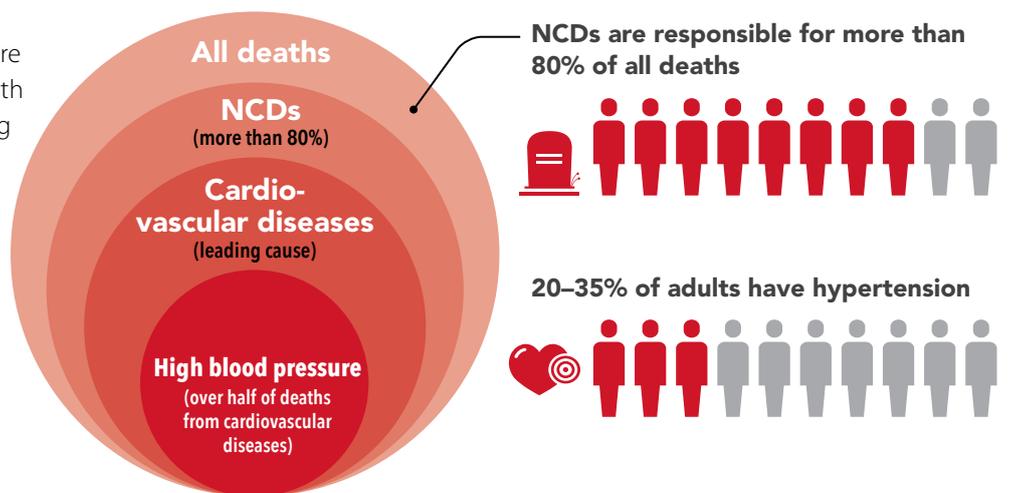
The Pan American Health Organization (PAHO) supports Member States in efforts to reduce dietary sodium intake in the Region of the Americas and meet the World Health Organization (WHO) global target of a 30% relative reduction in mean population intake of salt/sodium intake by 2025.

The reduction of sodium intake through the reduction of sodium content in food products and the setting of target levels for the amount of sodium in food products and meals is one of the WHO “Best Buys” interventions for the prevention of noncommunicable diseases (NCDs) (1).

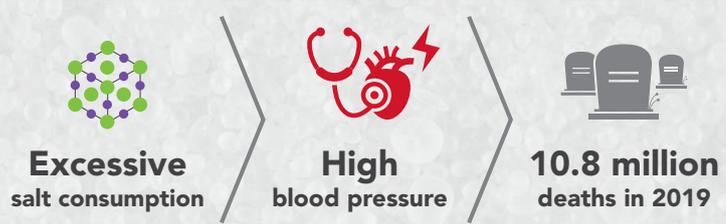


Salt – a major contributor to high blood pressure, cardiovascular diseases, and other noncommunicable diseases

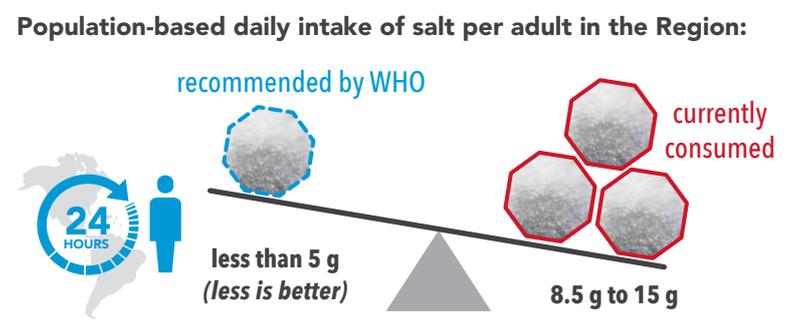
- NCDs are responsible for more than 80% of all deaths (2), with cardiovascular diseases being the leading cause of death in almost all countries. Over half of deaths from cardiovascular diseases in the Region are attributable to high blood pressure, with 20–35% of adults having hypertension (3).



- There is clear evidence that excessive consumption of salt/sodium adversely affects blood pressure, which alone accounts for an estimated 10.8 million deaths in 2019 (4).



- WHO recommends a population-based daily intake of less than 5 g of salt (< 2 g of sodium) per adult to reduce blood pressure and the risk of cardiovascular disease, stroke and coronary heart disease (5). Currently, the salt/sodium consumption in the Region is well above the recommended level, with daily salt intake ranging from 8.5 g to 15 g per person (6).

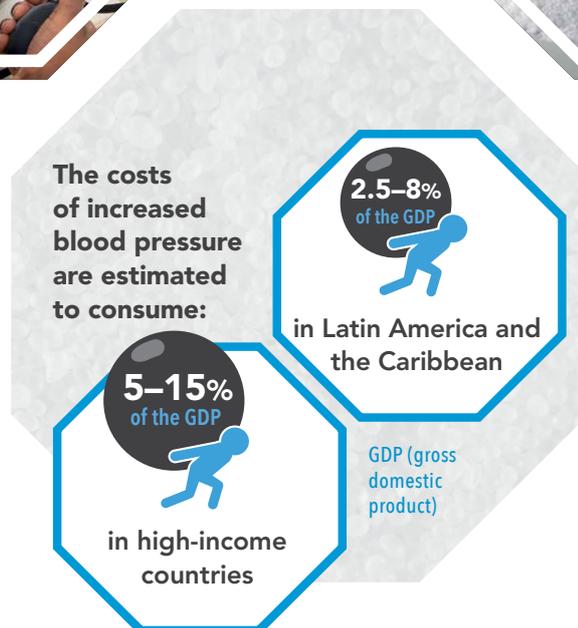


- In many countries, a significant proportion of sodium in the diet comes from manufactured foods, such as bread, cereal and grains, processed meats, and dairy products. An effective way to reduce population intake of sodium is by lowering the sodium content of frequently consumed foods.

Costs



- The direct and indirect costs of increased blood pressure are estimated to consume 5–15% of the gross domestic product in high-income countries and 2.5–8.0% in Latin America and the Caribbean (7).
- Excessive salt intake has significant repercussions on countries' economic growth and productive workforce.
- Reducing dietary salt at population level is the most cost-effective public health measure available to lower blood pressure and mortality. It can save lives and rescue the economy and health care systems of low-middle-income countries.



A significant proportion of salt/sodium is found in manufactured foods



Excessive consumption of salt/sodium increases blood pressure

High blood pressure increases the risk of cardiovascular disease, stroke and coronary heart disease



Cardiovascular diseases are the leading cause of death in almost all countries

EXCESSIVE SALT INTAKE HAS SIGNIFICANT NEGATIVE REPERCUSSIONS ON COUNTRIES':



workforce



health care systems

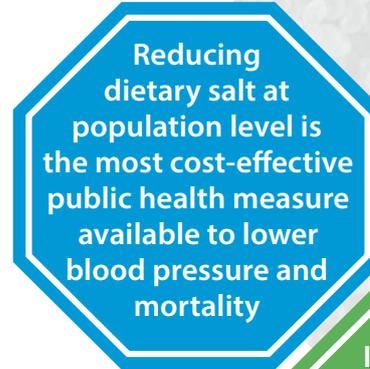


economy

- The interventions of the SHAKE (8) package are part of the WHO “Best Buys” for the prevention and control of noncommunicable diseases (1). PAHO/WHO recommends the following cost-effective strategies to be implemented simultaneously:

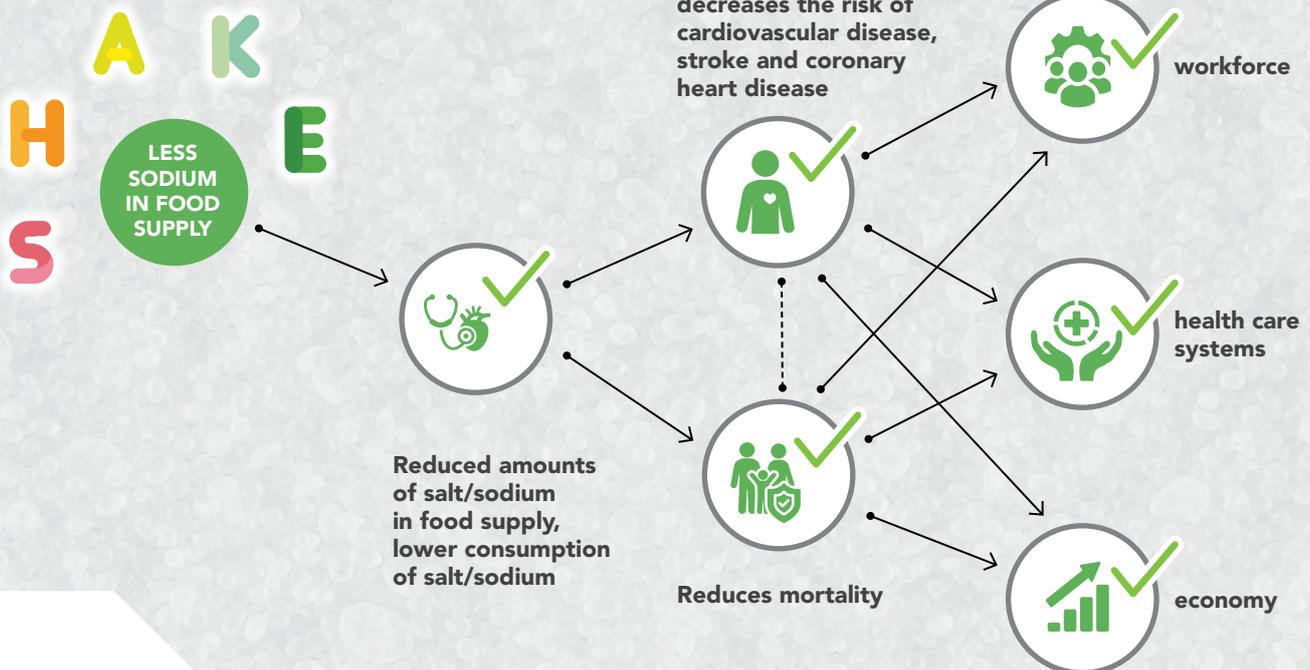
1. Surveillance: Measure and monitor salt use.
2. Harness industry: Promote the reformulation of foods and meals to contain less salt.
3. Adopt standards for labeling and marketing: Implement standards for effective and accurate labeling and marketing of food.
4. Knowledge: Educate and communicate to empower individuals to eat less salt.
5. Environment: Support settings to promote healthy eating.

- The update on the PAHO Regional Targets for Sodium Reduction represents a vital strategy and policy instrument that provides direction and political vision for health development in the Region towards improving the health of millions of people by reducing mean population intake of sodium/salt. They are designed to complement existing and ongoing national efforts and initiatives, and are intended to serve as a regional reference, and for the monitoring of sodium content in food products.



Gradual and progressive reduction of proportion of salt/sodium in manufactured foods

REDUCING SALT INTAKE HAS SIGNIFICANT POSITIVE IMPACTS ON COUNTRIES':



Why were the new targets developed?

- It was agreed that the first PAHO regional targets developed in 2015 would be updated in a phase-wise approach.
- Recent food supply monitoring data demonstrate that a large proportion of food products across a wide range of food categories is meeting the 2015 PAHO targets.
- An increasing number of countries have established sodium targets for foods and for a broader range of food categories and subcategories, allowing the updating of the targets and the expansion to a broader number of food categories and subcategories.
- National-level monitoring of sodium content of foods has been conducted in many countries since 2015, and these data can be used to establish new targets.
- Broader policy initiatives have been developed. PAHO released a PAHO Nutrient Profile Model for use in a number of policy applications and with a limit set for sodium based on WHO Guidelines. Several countries in the Americas have introduced or proposed front-of-package labeling regulations with thresholds established for the sodium content in foods.

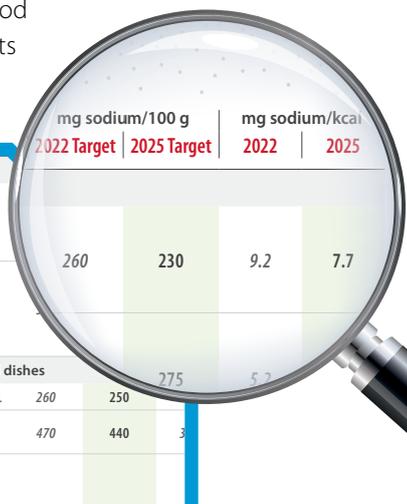


How were the new targets developed?

- PAHO collaborated with the WHO Collaborating Centre on Nutrition Policy for Chronic Disease Prevention at the Department of Nutritional Sciences of the University of Toronto (Canada), Ontario Tech University (Canada), and Technical Advisory Group (TAG) on Cardiovascular Disease Prevention through Population-wide Dietary Salt Reduction. The Updated PAHO Regional Sodium Reduction Targets 2022–2025 have been expanded from 18 food categories in 2015 to 75 subcategories, which fall under 16 food category headings, with the existing food composition data in 14 countries and targets set in other countries being revised.

- Targets were established following a phase-wise approach. The proposed 2022 and 2025 targets reflect an approximate 15% and 30% reduction in the sodium content of food products, respectively. A 30% reduction in the sodium content of food products corresponds to the WHO global target of a 30% reduction in mean population intake of sodium. A 2022 goal was generated to encourage incremental reductions in the sodium content of foods, enhance consumer acceptance of lower sodium products, and allow time for research and development related to food product reformulation. Finally, the updated targets are designed as “maximum” thresholds, whereby food manufacturers would aim to decrease sodium levels to below target levels for all food items they produce.

		mg sodium/100 g		mg sodium/kcal	
		2022 Target	2025 Target	2022	2025
11a	Canned and dry soups (as consumed)	260	230	9.2	7.7
11b	Noodles in broth (as consumed)				
12	Ready-made foods, convenience foods, and mixed dishes		275	5.2	
12a	Canned chili	260	250		
12b	Canned stew and meatballs	470	440		
12c	Pasta, noodles, rice or grains with sauce or seasonings (as consumed)	330	300		
12d	Pasta, noodles, rice or grains with sauce or seasonings (dry mix, sold)	870			



A 15% and 30% reduction were calculated for 2022 and 2025 for 18 food categories, following a gradual approach

- The new target-setting approach followed an iterative and integrated process, based on previous policy guidance (2015 PAHO Regional Targets for Salt Reduction in the Americas, national-level targets, WHO Global Benchmarks, front-of-pack labeling thresholds, etc.).
- Sodium targets were also set based on mg/100 g and mg/kcal. A 15% and 30% reduction were calculated for 2022 and 2025 for 18 food categories, following a gradual approach. This approach aligns with the PAHO Nutrient Profile Model, which has a threshold of < 1.0 mg sodium/kcal.

Why mandatory versus voluntary target setting is more effective?

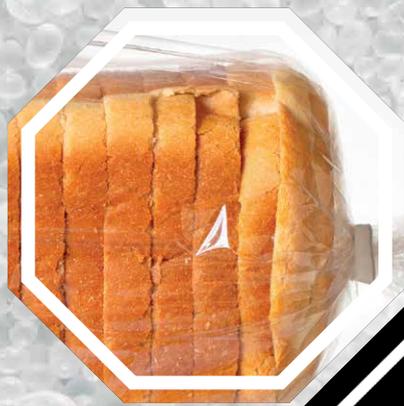
- Mandatory approaches provide the legal tools and financial and human resources necessary to guarantee the implementation process and the appropriate monitoring mechanisms in place. Mandatory reformulation could consistently achieve larger salt reductions than voluntary agreements and might also achieve higher reductions in disability- and quality-adjusted life years (9, 10).
- The implementation of a regulatory framework implies a level playing field for food industry (large and small and medium-sized enterprises) as has been the case in Argentina, which was the first country in Latin America to regulate sodium content of food products by means of a national law (Act 26905). The law includes maximum levels for three main food groups (meat and meat products; farinaceous; and soups, dressing and canned soups), and other two main measures regarding education campaigns for the general population and a restaurant strategy (low-sodium menus and restriction of saltshakers) (11, 12).
- While the targets for salt levels in foods in Finland are voluntary, the effectiveness of Finland's salt reduction program is mainly attributed to the introduction of legislative requirements to label the salt content of foods in the 1980s. Similarly, the success of the initiative of the United Kingdom of Great Britain and Northern Ireland, while based on voluntary agreements, is attributed to sustained strong government leadership and pressure, reinforced by robust monitoring mechanisms, and underpinned by active non-governmental organizations.
- Legislative measures allow for the introduction of fiscal penalties for non-compliance. Legislation is more difficult to abandon if a new government comes into power.

Mandatory reformulation could consistently achieve larger salt reductions than voluntary agreements

The implementation of a regulatory framework implies a level playing field for food industry

Legislation is more difficult to abandon if a new government comes into power





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SODIUM**
Ministry of
Health



How feasible are these targets?

- The calculated targets were assessed for feasibility, and adjusted accordingly, by comparing the calculated values to national targets in the Region and in the United Kingdom of Great Britain and Northern Ireland, and to the 25th percentile, which gave an indication of the overall distribution of sodium in a food subcategory.
- Feasibility assessment also included the known proportion of foods meeting the 2015 PAHO Regional Targets for Sodium Reduction in the Americas.
- Finally, the updated PAHO targets are in line with the global benchmarks developed by WHO.



To achieve the targets, countries should:



- Take leadership on this problem and launch a national and multi-stakeholder initiative to reduce people's exposure to high-salt diets. Efforts of Member States have demonstrated that it is feasible to reduce sodium levels in food products by setting national or regional sodium targets.

- Adopt and implement the PAHO Regional Sodium Reduction Targets 2022–2025 as a comprehensive policy tool to reformulate processed and ultra-processed food.

- Promote and implement other policies that reduce the consumption of processed and ultra-processed food products. Some categories, even after going through significant reductions of sodium by applying these regional targets, will still remain excessive in sodium, and the population must be informed about it.

- Promote capacity-building and leadership to orient all sectors to address the prevention and control of NCDs and the underlying social determinants through multisectoral action and people-centered primary health care and universal health coverage.

PAHO recommends the implementation of these regional targets to achieve the 2025 global target on reducing the mean population intake of salt/sodium.

Furthermore, PAHO recommends the promotion and implementation of legislation and regulations to accelerate progress towards reduction of mean population intake of sodium included in the WHO SHAKE Policy Package and the WHO "Best Buys".

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Annex.

Questions and Answers



1. What methodological approach was considered to develop these new targets?

- The new and revised sodium targets were based on the distribution of sodium content data (mg/100 g¹) of food products sold in 18 countries across the Region of the Americas between 2013 and 2015.²
- A 15% and 30% reduction were calculated for 2022 and 2025, respectively, from the measured levels of sodium at the 50th percentile. If the calculated value for 2025 (30% reduction) was below the 25th percentile, the 25th percentile was used as the 2025 target. When the 2025 target was set at the 25th percentile, the 2022 target was set approximately midway between the median and the 25th percentile.

2. Aren't these targets "too hard"?

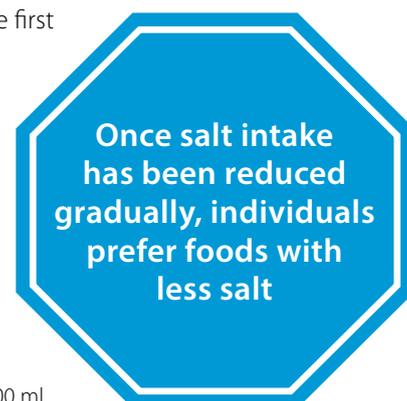
- These new targets are set based on a 30% reduction of the 2015 baseline mean levels, meaning that a broad majority of products have already met this target.
- For food product categories where this seemed very challenging, adaptations of the target upward to the 25th percentile were made to ensure feasibility.
- These targets are based on real data from countries in the Region.

3. Is the timeline too short for industry to adapt?

- The targets have been developed according to actual data on different food product categories and subcategories, which means that there are already existing products in the market meeting them.
- The target setting process has been a phase-wise approach that started with the first targets in 2015 on maximum levels established in countries in the Region and continues now with targets for 2022 and 2025.

4. Will consumers compensate?

- Evidence suggests that, once salt intake has been reduced gradually, individuals prefer foods with less salt.^{3,4}



¹ The sodium content of food products is most commonly presented as mg of sodium per 100 g or 100 ml of product (mg/100 g or mg/100 ml), and this is the unit of measure for the majority of studies that have monitored the sodium content of the food supply. The mg/100 g or mg/100 ml approach forms the basis of most sodium targets worldwide, and was the approach taken with the 2015 PAHO Regional Sodium Targets. This unit allows for monitoring of variation of the sodium concentration within and between food product categories but does not allow for the classification of products for the presence of excessive amounts of sodium according to recommended intake goals. For this reason, the new PAHO targets were also expressed in mg/kcal to identify product categories that are excessive in sodium according to PAHO.

² Data utilized were primarily based on baseline data collected between 2013 and 2015.

³ Kloss L, Meyer JD, Graeve L, Vetter W. Sodium intake and its reduction by food reformulation in the European Union – a review. *NFS Journal*. 2015;1:9–19

⁴ Teow BH, Nicolantonio RD, Morgan TO. Sodium chloride preference and recognition threshold in normotensive subjects on high and low salt diet. *Clin and Expert Hyertens*. 1985;7:1681–95

5. Aren't other sources of salt more important?

- In most developed countries and in an increasing number of developing ones, the major part (70–80%) of dietary salt consumed by the population comes from ultra-processed and processed products or restaurant foods.
- Dietary patterns are being transformed by the increasing production and availability of ultra-processed and processed products, rapid urbanization, and changing lifestyles. Reducing the sodium content in the targeted food product categories is also to be complemented with other measures to reduce sodium intake included in the SHAKE package.

6. Why not take a consumer-awareness strategy instead?

- The essential elements of any successful salt reduction program are comprehensive national salt reduction program in line with the SHAKE package. Awareness campaigns are relevant, but they needed to be accompanied by other effective measures. These include the reduction of sodium content of processed and ultra-processed products, marketing restrictions, front-of-package labeling, and promotion of healthier environments (e.g. schools), among others.
- Education is an indispensable tool in improving population health and should be fully supported. Reducing the sodium content of food products is a complementary policy option as are front-of-package labeling and marketing restrictions.



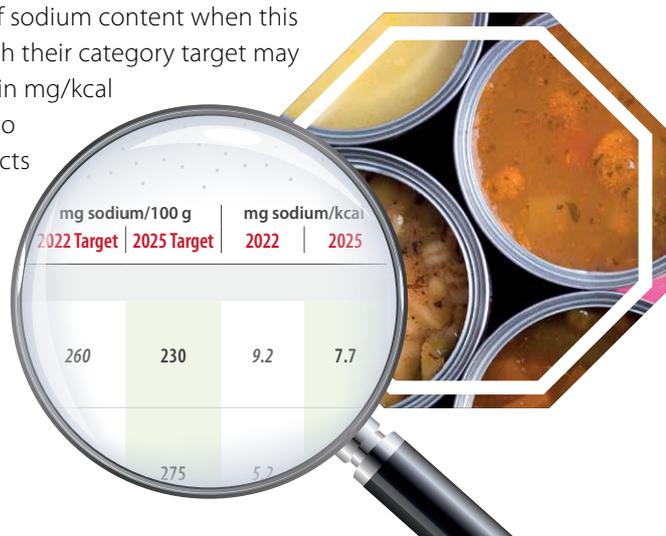
7. Don't people need salt?

- People worldwide consume significantly more sodium than they should, and the Region of the Americas is no exception. Daily salt consumption ranges from about 8.5 g to 15 g in the Americas⁵. The World Health Organization (WHO) recommends a reduction in sodium intake. There is no minimum sodium intake recommendation.
- The world and the Region have indigenous populations with no records of salt consumption, and no levels of hypertension. This shows that populations do not need salt, apart from sodium naturally present in foods and have not always had these high levels of salt consumption; but rather, there has been a significant increase in the consumption of processed and ultra-processed products.



8. Why is the Pan American Health Organization (PAHO) also presenting targets per mg/kcal besides the mg/100 g targets?

- PAHO also presents a new **additional and complementary** set of targets based on the sodium content per calorie (mg/100 kcal). This approach aligns with the PAHO Nutrient Profile Model, which uses the ratio of mg of sodium/kcal to identify products that are excessive in terms of sodium content when this ratio is equal or higher than one. Some products that might reach their category target may still be excessive in terms of sodium content. Expressing targets in mg/kcal will allow countries to readily identify these products and will also serve as an additional tool for monitoring the presence of products with excessive amounts of sodium.



⁵ Trieu, K., Neal, B., Hawkes, C., Dunford, E., Campbell, N., Rodriguez-Fernandez, R. et al 2015, Salt Reduction Initiatives around the World – A Systematic Review of Progress towards the Global Target. PLoS ONE, 10(7), e0130247. <http://doi.org/10.1371/journal.pone.0130247>

9. How was the set of targets based on mg/kcal established?

- To set these targets, data on the distribution of sodium mg/kcal from five countries were used: Argentina, Canada, Costa Rica, Paraguay, and Peru. To set sodium targets for all new and revised food subcategories based on mg/100 kcal, a 15% and 30% reduction was set for 2022 and 2025, respectively, from the measured levels of sodium at the 50th percentile.



10. How can PAHO guarantee the feasibility of the targets in countries with no data on sodium levels?

- The fact that the new targets are based on actual sodium content data from 18 countries in the Region and that many products are produced by multinational companies active in the Region implies that they are feasible, even for countries with no current monitoring data in place.
- Harmonized regional targets support the expansion and consistency of sodium reduction efforts across a larger number of countries in the Region.
- PAHO recommends the targets as “minimum” maximum targets for all countries.

11. How do the targets align with front-of-package labeling policies being implemented in the Region?

- Both the strategies to reduce sodium content in food products and front-of-package labeling policies are complementary and are included into the WHO “Best Buys” for sodium reduction together with strengthening surveillance mechanisms, promoting healthier environments (e.g. schools), restricting marketing of products high in sodium, and implementing awareness-campaigns (e.g. social marketing strategies).
- There are certain food products that, even after gradual and progressive sodium content reductions, will still remain excessive in terms of sodium content. Therefore, it is crucial to provide consumers with clear and easy-to-understand information that warns them about the excessive sodium content of such products.



12. Why a “one size fits all” approach?

- Regional targets for specific food categories are a guide and a tool for countries to promote and implement their own strategy to reduce sodium content in food products. They can adapt targets to fit their national reality and public health needs. For example, countries with higher levels of sodium content in their food supply can implement more stringent targets for the categories and subcategories they may consider necessary.

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People worldwide consume significantly more sodium than they should

Reducing dietary salt at population level is the most cost-effective public health measure available to lower blood pressure and mortality



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