SIXTEENTH CONGRESS OF THE REPUBLIC)
OF THE PHILIPPINES)
Third Regular Session)

Senate
Office of the Secretary

'16 JAN 28 P3 :56

SENATE
S. No. 3183

RECEIVED BY:

Introduced by Senator Miriam Defensor Santiago

AN ACT
REGULATING THE SALT INTAKE OF CONSUMERS BY PROVIDING ALTERNATIVES TO THE CONVENTIONAL USE OF SALT, REQUIRING STRICT LABELLING STANDARDS, CONSUMER EDUCATION, AND INITIATING PARTNERSHIPS WITH THE FOOD INDUSTRY

EXPLANATORY NOTE

The Constitution, Article 13, Section 12 provides:

> Sec. 12. The State shall establish and maintain an effective food and drug regulatory system and undertake appropriate health manpower development and research, responsive to the country's health needs and problems.

In 2005, 35 million people died as a result of chronic diseases. This is 60% of the total number of deaths in that year. Out of all deaths from chronic diseases, 30% were due to cardiovascular disease (CVD). We know that 80% of heart disease, stroke, and type-2 diabetes and 40% of cancer can be prevented through cheap and cost-effective means.[1] In the WHO World Health Report 2002, it is estimated that globally 62% of cerebrovascular disease and 49% of ischaemic (reduced blood supply) heart disease were caused by high blood pressure. Heart diseases are the primary cause of death for persons over 60 years of age and the second cause of death for persons aged 15-59 years. The report reviews strategies to reduce the risks associated with CVD and states that in all settings population-wide salt reduction strategies were the most cost-effective.[2]

[1] WHO Report, 2005.
[2] Reducing Salt Intake in Populations, Report of a WHO Forum and Technical meeting 5-7 October 2006, Paris, France.

Finland showed that salt reduction in products can actually lead to a reduction in sodium excretion levels and to a corresponding drop in blood pressure levels.[3] This shows that salt reduction initiatives can be effective in reducing cardiovascular diseases. In the UK, the initiation of the Salt Campaign took place after the Scientific Advisory Committee on Nutrition (SACN) published its report, "Salt and Health," in 2003. The main conclusion from this report was that there was a link between high salt intake and high blood pressure and that a reduction in the average salt intake of the population would proportionally lower population blood pressure levels. The reduction in salt intake would lead to significant health benefits due to reduced risk of cardiovascular disease. SACN recommended that the average salt intake should be reduced from 9.5 g/d to 6 g/d, with lower levels recommended for children.[4]

There is conclusive scientific evidence of the adverse effect of excessive dietary salt consumption on health, particularly on blood pressure, leading to cardiovascular disease, gastric cancer, osteoporosis, cataracts, kidney stones, and diabetes.[5] Current recommendations indicate that in order to prevent chronic diseases, the population average consumption of salt should be <5 g/day (< 2 g/day of sodium).[6] According to current data, salt consumption levels of populations in most countries are significantly higher than these recommendations.

Population-wide strategies for sodium reduction are estimated to be more cost effective than traditional hypertension control programs in almost all settings. There is thus a need to give priority to the implementation of a national strategy aimed at the reduction of dietary salt consumption. An interdisciplinary, integrated, multi-stakeholder, holistic approach should be followed in the policy development and implementation of this goal. Policies aimed at salt restriction must be socially inclusive and participatory.

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[3] Collated Information on Salt Reduction in the EU, Compiled by the European Commission, April 2005
[4] http://www.sacn.goy.uklpdfs/sacn_salt_final.pdf
[5] Cappuccio & MacGregor, 1997; Cappuccio et al., 2000.
[6] WHO Report 1983; WHO Report 2003.

All social classes and sectors need to be specifically targeted, particularly the most vulnerable and poor. This bill considers interventions in several settings, targeting different population groups, and partnerships between different stakeholders to develop and implement effective intervention mechanisms.[7]

MIRIAM DEFENSOR SANTIAGO

[7] This bill was originally filed during the Fifteenth Congress, First Regular Session.

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Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

SECTION 1. *Short Title.* – This Act shall be known as the "Salt Intake Regulation Act."

SECTION 2. *Declaration of Policy.* – It is the policy of the State to establish and maintain an effective food and drug regulatory system and undertake appropriate health manpower development and research responsive to the country's health needs and problems. It is also the policy of the State to protect and promote the right to health of the people and instil health consciousness among them.

SECTION 3. *Commission on Acceptable Levels of Salt Intake.* – There is hereby created a Commission to research on the acceptable levels of salt intake for the population to be composed of three experts from the medical community, two representatives from the food industry, and one representative each from the Secretary of Health and the Secretary of Trade and Industry. They shall be appointed by the President for a non-extendible period of one year. They shall elect their chairperson and will serve for a period of one year. They shall submit their report to the Secretary of Health and the Secretary of Trade and Industry and such report shall serve as the basis in drafting the Implementing Rules and Regulations of this Act.

They shall receive inputs from the following sectors:

(a) Public Sector:

(1) Department of Health and the Department of Trade and Industry;

(2) Bureau of Food and Drugs;

(3) Department of Education - interventions in schools and universities, research (universities and scientific leadership), academia;

(4) Department of Science and Technology;

(5) Public Information Agency;

(6) Local Government Units;

(7) Universities and Hospitals.

(b) Private sector:

(1) Food and non-alcoholic beverage producers;

(2) Spices, condiments, sauces and food preservatives producers;

(3) Catering industry;

(4) Restaurants and bars;

(5) Special interest groups (industry groups, business, trade organizations);

(6) Apex organizations of commercial groups, commercial sector organizations;

(7) Salt producers and miners;

(8) Retailers;

(9) Advertising industry;

(10) Other vendors;

(11) Private schools and hospitals administrations;

(12) Media and the press.

(c) NGOs/ Civil Society:

(1) Community groups (including women, cultural, and religious groups);

(2) Consumer groups;

(3) Health promotion organizations;

(4) Food safety organizations;

(5) Health professional societies/ associations;

(6) Education organizations;

(7) Parent-teacher associations;

(8) Micronutrient interest groups.

SECTION 4. *Labeling Requirements.* – The Secretary of Health and the Secretary of Trade and Industry shall develop and implement compulsory nutritional labeling policies on manufactured food products, including information on the salt/sodium content. The nutrition label format and its placement on the product must be according to the format proven to be most helpful and easy to read by the majority of the consumers. Restaurants, caterers, and other meal producers/distributors should provide nutritional information about the meals, including information on salt content. This shall include companies/caterers/food providers for school and worksite canteens.

SECTION 5. *Product Reformulation.* – The following principles should serve as guidelines for the food industry:

(a) Food producers are encouraged to reduce or remove completely, whenever possible and appropriate, the salt content of their foods products particularly those from processed food products.

(b) Food producers and food distributors (catering companies, restaurants, schools and worksite canteens, etc.) are asked to voluntarily take the initiative to reduce the salt content of their food products/meals to the lowest salt content possible. Their action should be in line with the national goals and monitored by the appropriate governmental health agencies.

(c) National standards need to be developed specifically for restaurant or meal producers/distributors to ensure compliance of served meals with national dietary recommendations. This is particularly critical for those companies/caterers/food providers for school and worksite canteens.

SECTION 6. *Implementing Rules and Regulations.* – The Secretary of Health and the Secretary of Trade and Industry shall come up with the Implementing Rules and Regulations for the implementation of this Act within two (2) year from its approval.

SECTION 7. *Standards in Drafting the Implementing Rules and Regulations.* – The following should be taken into account in drafting the Implementing Rules and Regulations:

(a) Identify and monitor the main food products for targeting salt reduction;

(b) Increase public awareness of sodium levels in available food products;

(c) Increase awareness among food producers of the high salt content of their products;

(d) Encourage food producers to contribute in a meaningful way to the implementation of the national goal for the reduction of dietary salt intake;

(e) Target major food producers or trade organizations to standardize the sodium content of food products that are distributed locally and internationally;

(f) Alternatives to the use of salt fortified with micronutrients such as iodine or fluoride need to be urgently explored;

(g) Enforce clear mechanisms to monitor the food producers activities' related to the salt composition of food products.

SECTION 8. *Report to Congress.* – Within five (5) years from the approval of this Act, the Secretary of Health and the Secretary of Trade and Industry shall submit a joint report to Congress on the implementation of this Act.

SECTION 9. *Separability Clause.* – If any provision of this Act is held invalid or unconstitutional, the same shall not affect the validity and effectivity of the other provisions hereof.

SECTION 10. *Repealing Clause.* – All laws, decrees, orders, and issuances, or portions thereof, which are inconsistent with the provisions of this Act, are hereby repealed, amended or modified accordingly.

SECTION 11. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in two (2) newspapers of general circulation.

Approved,

/clr7Dec2015