

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City
FIFTEENTH CONGRESS
First Regular Session
House Bill No. —4461

Introduced by **Hon. Mark Aeron H. Sambar**

EXPLANATORY NOTE

The Constitution, Article 13, Section 12 provides:

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

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 cardio-vascular diseases. In the UK, the initiation of the Salt Campaign took place after the Scientific Advisory Committee on

¹ WHO Report, 2005.

² Reducing Salt Intake in Populations, Report of a WHO Forum and Technical meeting 5–7 October 2006, Paris, France.

³ Collated Information on Salt Reduction in the EU, Compiled by the European Commission, April 2008.

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 the current data, salt consumption levels in 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. 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.



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⁴ http://www.sacn.gov.uk/pdfs/sacn_salt_final.pdf

⁵ Cappuccio & MacGregor, 1997; Cappuccio et al., 2000

⁶ WHO Report 1983, WHO Report 2003.

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AN ACT
TO REGULATE 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

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 of 2011.”

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 Secretaries of Health and Trade and Industry. They shall be appointed by the President for a non-extendible period of one (1) year. They shall elect their chairperson and will serve for a period of one (1) year. They shall submit

1 their report to the Secretaries of Health and Trade and Industry and such report shall serve as
2 the basis in the drafting of the Implementing Rules and Regulations of this Act.

3 They shall receive inputs from the following sectors:

4 (a) Public Sector:

- 5 1. Department of Health and the Department of Trade and Industry;
- 6 2. Bureau of Food and Drugs;
- 7 3. Department of Education - interventions in schools and universities, research
8 (universities and scientific leadership), academia;
- 9 4. Department of Science and Technology;
- 10 5. Public Information Agency;
- 11 6. Local Government Units;
- 12 7. Universities and Hospitals.

13 (b) Private sector:

- 14 1. Food and non-alcoholic beverage producers;
- 15 2. Spices, condiments, sauces and food preservatives producers;
- 16 3. Catering industry;
- 17 4. Restaurants and bars;
- 18 5. Special interest groups (industry groups, business, trade organizations);
- 19 6. Apex organizations of commercial groups, commercial sector organizations;
- 20 7. Salt producers and miners;
- 21 8. Retailers;
- 22 9. Advertising industry;
- 23 10. Other vendors;
- 24 11. Private schools and hospitals administrations;
- 25 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 Department of Health and the

Department of Trade and Industry shall develop and implement compulsory nutritional labeling policies on manufactured foods 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, when possible and appropriate, the salt content of their foods 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

1 be in line with the national goals and monitored by the appropriate governmental health
2 agencies.

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

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

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

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

14 (b). Increase public awareness of sodium levels in available foods;

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

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

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

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

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

1 SECTION 8. *Report to Congress.* – Within five (5) years from the approval of this
2 Act, the Department shall submit its report to Congress.

3 SECTION 9. *Separability Clause.* – If any provision, or part hereof is held invalid or
4 unconstitutional, the remainder of the law or the provision not otherwise affected shall remain
5 valid and subsisting.

6 SECTION 10. *Repealing Clause.* – Any law, presidential decree or issuance,
7 executive order, letter of instruction, administrative order, rule or regulation contrary to or
8 inconsistent with, the provisions of this Act is hereby repealed, modified, or amended
9 accordingly.

10 SECTION 11. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its
11 publication in at least two (2) newspapers of general circulation.

Approved,