FINAL TECHNICAL REPORT / RAPPORT TECHNIQUE FINAL

ANEXO IV-C) QUALITATIVE STUDY REPORT (EXTENSION OBJ 5)

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Facilitators and Barriers of Research Adoption to Policy Action in Five Latin American Countries: Preliminary Results

Not for Publication

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Objective and methods

1.1 Objective

It is ideal for research evidence to inform public policy; however, there are regional challenges with the uptake of research evidence into political action (Rabadán-Diehl, 2017). The purpose of this study is to determine the facilitators and barriers of implementing sodium reduction policies and programs in five Latin American (LA) countries, Argentina, Brazil, Costa Rica, Paraguay, and Peru (known as the "IDRC countries"). This research will provide insight on the factors involved with policy decision making for consideration by public health officials on changing and promoting food systems for healthy eating. The findings of this research identified factors that promote or impede research uptake into policy decision making. The factors are content, process, actors and context and are described below.

1.2 Methods

This work was funded by the International Development Research Centre (IDRC Grant 108167, 09/2016 to 03/2020) project extension. This project takes a qualitative research approach in which interviews were conducted with two sub groups: 1) country research leads, and 2) Ministry of Health key informants from the IDRC countries. Country research leads are individuals who led and support the development and direction of the research conducted in their country. They oversaw the research activities taking place in their countries and were the primary point of contact for the IDRC project. The Ministry of Health key informants were individuals who led and/or worked as part of the non-communicable diseases programs, and were involved in policy and program decision making and/or implementation. In addition, these individuals may or may not have been aware of the IDRC project. These interviews were thematically analyzed to determine the facilitators and barriers which influence policy decisions related to dietary sodium reduction to address hypertension in five Latin America (LA) countries over the 3.5-year grant period. Data was collected from November 2019 to January 2020.

A total of 9 one-on-one interviews were conducted which consisted of 5 country research leads from all IDRC countries and 4 Ministry of Health key informants from Argentina, Costa Rica, Paraguay and Peru. Of the interviews, 8 were conducted in English by a master's candidate who is also the program evaluator and has been a core research team member since the start of the research project. Two interviews were conducted in Spanish by another Spanish-speaking core research team member.

Ethics review was exempt based on article 2.5 of the Tri-Council Policy Statement 2, 2018 (Appendix D).

1.2.1 Recruitment

Purposive sampling was used to recruit country research leads, who were participants in the established IDRC consortium. The Ministry of Health informants were recruited through snowball sampling. Participants were recruited from October to January, 2020. Eligible participants were sent a recruitment letter (Appendix A), consent form (Appendix B), interview guide (Appendix C, D or E depending on role and language) and specific country profile (Appendix F) listing policies and initiatives which were collected from the Pan American Health Organization (PAHO). All materials were sent in advance of the web-interview.

1.2.2 Data Collection

The interviews were 45 to 60 minutes in duration and were conducted via Google meets or Skype, depending on the preference of the participants. The interviews were audio-recorded using Audacity and stored on a secured institutional network server at Ontario Tech University. Subsequently, the interviews were transcribed verbatim and permanently deleted. A third-party Spanish-speaking translator conducted the transcriptions of the Spanish interviews followed by the translation of the Spanish transcripts into English. To support cultural competence, the program evaluator wrote reflective notes to document interpretations post interviews, to raise questions about the project results, to situate the evaluator in the overall project, how personal values and experiences may impact the evaluation report and high-level summaries from the interview.

1.2.3 Interview Guide

The PARiHS (Promoting Action on Research Implementation in Health Services) framework and the Diffusion of Innovations theory informed the development of the semi-structured interview guide (Rycroft-Malone & Bucknall, 2010). The PARiHS framework outlines the guiding factors for successful implementation which are evidence, context and facilitation. The Diffusion of Innovation theory describes key attributes for innovation adoption such as relative advantage, compatibility, low complexity, trialability, observability and potential for reinvention informed the questions for the interview guide. Separate interview guides were created for the country research leads and Ministry of Health key informants, to ensure the questions were tailored to the respondent. The interview guides

were peer reviewed by two faculty members from Ontario Tech University for face and content validity.

QSR NIVO computer software program was used to analyze the interview transcripts and code relevant text segments according to the key themes identified in Tables 1 and 2. Coded interview transcripts were peer reviewed by an external researcher for inter-rater reliability the coded data.

1.3 Overview of the results

The findings of the research are categorized according to the Promoting Action on Research Implementation in Health Services (PARiHS) which are factors that promote or impede research uptake into policy decision making. The factors are content, process, actor and context which are described below with illustrative examples.

Content

Content was found as a factor that can promote or impede research uptake into policy. The content of research data includes characteristics associated with the research itself: The quality of the data; innovation of the research; if it addresses a gap in the evidence, and relevance of the data to context the respective country. The Argentina country lead noted that results that demonstrate cost-effective benefits are highly influential with the Ministry of Health; hence the Ministry frequently requests for data of this kind to guide policy and program development. For Paraguay, a key informant noted that "It is necessary to make clear, compelling and simple presentations. Nothing long, nothing hard to digest." All of which demonstrated that the quality of the data, presentations or communications can inform decision making and consideration with the policy decision makers because their governments tend to make decisions on evidence.

On the other hand, Peru and Brazil noted that a lack of data impedes conversations with policy decision makers. The Brazil country research lead noted that there is a lack of country-specific health economic impact data and regular population-wide surveys evaluating sodium consumption. Due to the economic crisis in Brazil, sodium consumption surveys were not issued at the last 5-year cycle. Whereas, the Peru country research lead noted that data on sodium consumption is absent and there is a need for more cross-sectional data. This demonstrated that researchers understood the need for high

quality, country specific research data for use in policy dialogue; however, a lack of information impeded discussions with key decision makers.

Process

Another factor that was found to facilitate or act as a barrier to research uptake into political action included process factors. Process factors are actions and outputs related to the policy process; what policy actors do and why; communication channels used; dissemination of results; and resources that are used to promote or impede the use of research in policy. Planned knowledge translation activities was noted as a facilitator for research uptake into decision making by all country research leads. Country research leads in Argentina, Brazil and Costa Rica were observed to be more advanced with disseminating research data to reach policy makers. In fact, they were unknowingly practicing the principles of knowledge translation without receiving any formal training on this concept. The Ministry of Health in Brazil conducts yearly meeting with representatives from all key sectors (e.g. civil society, academia and industry) and uses this opportunity to engage in policy discussions. It is interesting to find that, Brazil has a new way of thinking with regards to research dissemination, as the Brazil country lead mentioned that they are looking to expand partnerships to include medical societies and economists to engage in policy dialogue discussions.

Actors

Policy actors are another factor found to influence the uptake of research into action. Policy actors are any individual or group who are directly or indirectly involved in the policy process. To name a few, policy actors may include governments; private organizations; non-governmental organizations; civil society; and academia.

Several actors were identified as facilitators and barriers to adopting research evidence in political action. To name a few, the media was found to be highly influential across all countries as they are key actors in knowledge translation, involved in the communication and dissemination of information and have the potential to influence the law. As an example, the media in Peru was the impetus for a law enacted in 2013 on front of package warning labels. According to the interviewee, the media uncovered a case where evaporate milk was falsely being sold as 100% when that was not the case, in turn this generated enough awareness to implement a change.

Interestingly, all County research leads reported that a facilitator or champion would help bridge government and academia. A facilitator was observed in Brazil through a dual position as a Ministry of Health professional and a researcher with direct communication channels to decision makers. This allowed for constant feedback loop between researchers and government where research studies can be targeted specifically to the needs of the decision makers. Research champions or leaders in the field were also noted as highly influential in the policy arena as Brazil country lead notes that "these kinds of people they help us even at the Ministry of Health to have these heros by our side and because they are also communicators and they help a lot with advocacy". Paraguay country lead also mentioned that champions would support dissemination.

"these kinds of people they help even us at the Ministry of Health to have these heros by our side and because they are also communicators and they help a lot with advocacy" [Brazil country lead].

Policy actor barriers identified in the interviews included academic researchers and the civil society. Brazil reports that there is a lack of academic researchers investigating sodium reduction policies, "problems that I personally feel is that we don't have as many people as we would expect researching sodium reduction policies." If there are limited researchers creating new knowledge to inform policies, it hinders opportunities to generate novel and innovative evidence, ideas and approaches to tackle priority areas in public health. Last, both country research leads and Ministry of Health informant noted that the connections between civil society, the scientific community and university groups are the best facilitators for change, and call for stronger support and empowerment from these groups.

Context

The context factors identified in the interview are influential considerations to policy development and implementation related to sodium reduction. Contextual factors include social; economic and cultural factors; national and local policies; trends or governance; and historical context.

The most prominent contextual factor that would impede political action are changes with the government. Peru is unique in this sense where the government change over did not impact the mandate of the Ministry of Health. The usual term in office is 5 years; however, a number of Health Ministers in Peru did not complete their full term and changed over every 6 months. Peru Ministry of Health informant notes that "Yes, changes in government have an impact. Fortunately, despite the recent changes in the government and at the Ministry of Health (in the last two years we have had approximately six health ministers), everyone has been aligned to the healthy diet agenda, so in this case I don't think it has been a barrier. Otherwise we would not have been able to make as much progress as we did in terms of the regulations for Law 30021 and front-of-package labelling. Let's say that in that sense I have not felt many limitations". This was a surprising finding as normally government priorities change with leadership which is always a risk when working with the government. The stability with the government priority demonstrates a viable partnership to implement changes and promote in healthier food systems.

"Fortunately, despite the recent changes in the government and at the Ministry of Health (in the last two years we have had approximately six health ministers), everyone has been aligned to the healthy diet agenda, so in this case I don't think it has been a barrier." [Ministry of Health Informant, Peru]

A major barrier identified across all countries includes economic resources. The Costa Rica Ministry of Health informant notes "the big barrier that we have is the money, we don't have the money for implementing the plan". The reference about a plan relates to the regional social marketing plan which countries are in the process of adapting; however, cannot be executed due to financial constraints. However, all countries mentioned that the international funding support from the IDRC brought down the financial barriers and created opportunities for data acquisition on sodium content levels and main sources of sodium in food products, when this information was absent or limited. Also, the IDRC financial support provided opportunities for the development of a community of practice of public health Latin American researchers with interests of changing food systems for healthier eating.

The qualitative interviews provided insight on the factors involved with policy decision making. Content, process, actors and contextual factors were observed to function as both facilitators and barriers to evidence-informed policy action. These findings also revealed areas of deficiencies which

require attention to ensure that research evidence informs policy decision making. Tables 1 and 2 provide illustrative examples and reflective notes on the key findings.

Table of Results

Table 1: Key Facilitators to research uptake into political action

Theme and definition	Illustrative example and reflective note (in italics)
Actors: ***Policy actors which are any individual or group who are directly or indirectly involved in the policy process. To name a few, policy actors may include Governments; private organizations; non-governmental organizations; civil society; and academia.***	International funding and support "…this has been the most relevant […] because international support has allowed us to generate the evidence and to push policies. For example, the policy with the food industry and the national strategy" [Country lead]. *In Costa Rica, the IDRC funded research studies informed the research evidence for the national strategy on non-communicable diseases and efforts for sodium reduction targets. Argentina, Brazil, Paraguay and Peru echo the same sentiments related to opportunities for generating research evidence when this information was absent prior to the IDRC funding.*
Content: ***Research data characteristics which includes the: strength of the data; innovation of the research; gaps in the evidence, and relevance of the data to your country.***	"[…] in fact, the data we obtained is quite solid because the process was done rigorously, it was carried out properly. It was partly innovative because we used technologies, like FLIP […]. The scientific community is interested in knowing and learning about such things. The inclusion of the qualitative part was also very important because qualitative research provides a lot of information about people's opinions and needs, it also helps us understand the best ways to reach the population to which we are proposing a change in behavior. We are well aware that it is very difficult for people, especially adults, to change their behaviors. As for the relevance of the data... Yes, it was extremely relevant because we did not have that information before and now, we do. More than barriers, this data will be a facilitator in the work we have ahead" [Ministry of Health informant]. *Paraguay, being an early researcher for sodium reduction, found the study methods to be rigorous which generated "strong evidence", which did not exist before, to inform political discussions according to the Country lead. The lessons learned and skillset acquired will be scaled up to future research projects.*
Context: ***Contextual factors may influence policy development and implementation related to sodium reduction which includes: social; economic and cultural factors; national and local***	The younger generation is taking an interest in healthier lifestyles and healthy eating "So I think this is a facilitator of the population" according to a Ministry of Health informant (Costa Rica). *A change in eating habits in the younger generation is often used as an argument in meetings with the food industry and people of commerce for making changes to food systems.*

policies; trends or governance; and historical context.	
Process: ***Process factors are actions and outputs related to the policy process; what policy actors do and why; communication channels used; dissemination of results; and resources that are used to promote or impede the use of research in policy.***	Brazilian country lead notes that "…when we have any research grants for small projects that would be funded, we have added something that was actually pretty much inspired by the IDRC project this communication plan…this knowledge transfer is something that is very important for presenting the results, making the results easier to understand for any audience". *Research consortium members were trained on knowledge translation (KT) principles and methods as well as participated in the development and validation of a KT workbook that was customized for the Latin American setting. Research consortium members mentioned that the KT training and tool will be used for future studies.*
Observability: ***When the benefits of the adoption are visible to the intended adopters e.g. through demonstrations, seeing what others do before we implement.***	Observations from Canada's proposed bill on salt reduction in the early 2000's was helpful for Argentina, being the second country after South Africa, to pass a bill to reduce salt intake. Also, Paraguay comments that experiences from other countries "Yes, it is very helpful because measures that have already been successful in other countries serve as a base and example for us. And it is also very useful because showing successful experiences in other places is an argument that we can present to decision makers." (Ministry of Health information, Paraguay). Country lead from Peru comments that seeing other countries such Argentina with regulation on sodium and Chile on front of package warning labels adopt research into policies and regulations has influence in country as it creates local pressure. *Canada's proposed bill was never enacted into a law due to political change over; however, this effort was instrumental with initiating similar efforts in other countries. The observation approach is beneficial for countries who in the preliminary stages of changes.*
Relative Advantage: ***When research information and innovations are seen to have an advantage, are clear, unambiguous, effective or cost effective in order for adoption.***	The prevalence of chronic diseases such as diabetes, hypertension, CVD in Paraguay and obesity concerns in Peru influenced Ministry of Health's priorities (Ministry of Health informant, Paraguay and Country lead, Peru). *In Peru more than half the country is obese as per country Lead. In Paraguay, the CVD related morbidity and mortality have an impact on the country as per Ministry of Health informant.*

Table 2: Key Barriers to research uptake to political action

Theme and definition	Illustrative example and reflective note (in italics)
Actors: ***Policy actors which are any individual or group who are directly or indirectly involved in the policy process. To name a few, policy actors may include Governments; private organizations; non-governmental organizations; civil society; and academia.***	Food industry and the decision makers are resistant and lack of acceptance to moving voluntary targets for food reformulation and through lobby efforts "we are trying to convince them using the health and economic data that we have produced already" [Brazil Country lead]. Also, research funded by the industry "[…] raises a conflict of interest, and that also raises the need to be more critical when it comes to inter their results" [Country lead Argentina]. *The private sector plays a pivotal role in providing food products to meet consumer needs, tastes and nutrition value. They are also influential communicators on healthier eating practices; therefore, more efforts are required to gain support and collaborations from this sector. Peru Ministry of Health Informant notes* "[…] I think we are divorced from the private sector, from academia. We have work to do in that regard." The civil sector has strong influence to generate change; however, Paraguay Country lead and Costa Rica Ministry of Health informant note a weak civil society presence. In addition, civil society's lack of awareness on the seriousness of chronic disease is a barrier to behavior change where "Everyone is afraid of [vector-borne diseases] but only a couple of people die from it. Meanwhile, people are dying of heart attacks, cancer, and other chronic diseases that really have an impact on morbidity and mortality in our country, but people are not aware of this. It is as if they did not want to face reality" [Ministry of Health informant, Paraguay]. *This calls for stronger support and empowerment from the civil society, scientific society, university groups which may be the best facilitator to implement change and ensure the different views and interests are considered in the policy discourse.*
Content: ***Research data characteristics which includes the: strength of the data; innovation of the research; gaps in the evidence, and relevance of the data to your country.***	Brazil Country lead notes that country specific health economic impact data is limited which is critical for engaging in policy dialogues. Peru Country lead mentioned that data on sodium consumption is absent and there is a need for more cross-sectional data. *All countries report data limitations, missing or absent information as obstacles when generating evidence for decision makers.*
Context: ***Contextual factors may influence policy development and implementation related to***	Cultural norms are influential on sodium reduction efforts where " The use of condiments in our country is very widespread. People add mustard and mayonnaise to everything. Kids make very bad use of condiments because they fill their plates with them and then they add a little bit of meat to eat with that.

sodium reduction which includes: social; economic and cultural factors; national and local policies; trends or governance; and historical context.	In this study we realized that condiments, which are used in everything here, are one of the food products with the highest sodium content. In this sense the data are very important because they show us our reality. Another example would be beef empanadas (meat pies), a popular dish consumed by all social classes. People eat artisanal empanadas, at restaurants and on the street... and it is precisely one of the products where we also detected high sodium content. Focal groups also provided valuable information. Across all focal groups, women said that only those who are sick have to be aware of their sodium intake. That indicates that they still haven't internalized the benefits of prevention. Some people said things like: "When I get sick, I'm going to take care of myself, I won't do it unless that happens", "If you get sick, you take care of yourself". People repeated that in urban and rural contexts. Everyone repeated the same thing: "No, only those who are sick need to take care of themselves". This information is very important to us because it suggests we have to use a different approach with those populations. Another thing we will take into account when we design our strategies is that women in focal groups said, "children should learn about this", "children should be taught this at school". And that is very true, we could be more successful if we work with children because once they learn about this, they will go back home and start questioning things. These data are also very valid for us to understand our population's habits and beliefs, which in turn will allow us to approach them adequately to introduce, try to introduce, changes in their behaviors" [Ministry of Health informant, Paraguay]. *Unravelling behavior changes related to sodium consumption are reported as challenges in all countries. Specifically, Paraguay and Peru, where use of condiments with high sodium sources are engrained in the population. Behavioral change efforts such as social marketing will be valuable to bringing awareness and value of making healthier food choices.*
Process: ***Process factors are actions and outputs related to the policy process; what policy actors do and why; communication channels used; dissemination of results; and resources that are used to promote or impede the use of research in policy.***	Knowledge translation activities not embedded in the research cycle, where "you have a time-line and that also includes when you publish the paper or when you finish with the data collection and results that it's very uncommon to have space to make the knowledge translation with other actors, so I think that's one barrier" [Country lead, Peru]. Also, communication channels between academia and the Ministry undefined where "we do not have like a common space or moment where we can share information about what they are preparing or thinking and what we are also developing in that project" [Ministry of Health informant, Peru].

References

Cristina Rabadán-Diehl “Linking Evidence to Policy in Latin America,” Science & Diplomacy, Vol. 6, No. 2 (June 2017). http://www.sciencediplomacy.org/article/2017/linking-evidencepolicy-in-latin-america

Rycroft‐Malone J, Bucknall T. Models and Frameworks for Implementing Evidence-Based Practice Linking Evidence to Action. United Kingdom: Wiley-Blackwell 2010.

Appendix A – Recruitment Letter

[Date letter sent]

Dear Ministry of Health,

RE: Recruitment for one-on-one interviews for sodium reduction study

I am Janice Moseley, Master of Health Science (MHSc) candidate from the University of Ontario Institute of Technology (Ontario Tech) in Oshawa, Canada. Dr. JoAnne Arcand, Assistant Professor, Ontario Tech and I are working on a sodium reduction study with Ms. Adriana Blanco-Metzler from the Costa Rican Institute for Research and Teaching in Nutrition and Health (INCIENSA). I am seeking Adriana's assistance with identifying key informants in your country who work at the Ministry of Health. In particular, we are looking for an individual who leads and/or works as part of the non-communicable diseases programs, and are involved in policy and program decision making and/or implementation to participate in a one-on-one interview for our research study entitled "Scaling-up and Evaluating Salt/Sodium Reduction Policies and Programs in Latin American Countries".

This study involves a research consortium of five Latin American Countries (Argentina, Brazil, Costa Rica, Paraguay and Peru), which is funded by the International Development Research Centre (IDRC) and was initiated by the Pan America Health Organization (PAHO). The IDRC is a Canadian federal Crown funding agency.

One-on-one web interviews

For this study, IDRC requires an end-of-study project evaluation report. In the evaluation report, the study team would like to interview key informants who work at the Ministry of Health with an aim to:

a. investigate the influence of this research project on policy and/or program changes on sodium reduction for front of label (FOL) packaging, voluntary and regulated targets, social marketing and food procurement standards since the onset of the IDRC project in 2016, and
b. learn about the enabling or constraining factors of implementing programs and policies related to dietary sodium in your countries.

The interview will last approximately 45 minutes and will be conducted via web-call. The interview can be conducted in English or Spanish. We are looking to conduct interviews throughout the months of November and December as the report will be written immediately after.

Participation

Your participation in the interview is voluntary. If you decide to accept this invitation, kindly indicate your availability via the doodle poll link:
https://doodle.com/poll/nsfxzfkmzfwb2qc2
In addition, please indicate if you prefer to conduct the interview in English or Spanish.
If you have further questions about the study, please feel free to contact me at Janice Padilla-Moseley at janice.moseley@uoit.ca or WhatsApp call at 416-569-4743. In addition, if you have other project inquiries, please feel free to contact Dr. JoAnne Arcand at joanne.arcand@uoit.ca ; or Adriana Blanco Metzler (506) 2279-9911 Ext. 146, or ablanco@inciensa.sa.cr

Kind Regards,

Janice Moseley, MHSc (candidate)
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Appendix B – Consent Form

CONSENT FORM TO PARTICIPATE IN A RESEARCH STUDY

Study Title: Scaling-up and Evaluating Salt/Sodium Reduction Policies and Programs in Latin American Countries.

Lead Principal Investigator: Ms. Adriana Blanco Metzler, INCIENSA
Contact information: (506) 2279-9911 Ext. 146, or ablanco@inciensa.sa.cr

Study Team members:

1. Dr. JoAnne Arcand, Assistant Professor, University of Ontario Institute of Technology (Ontario Tech)
   Contact Information: JoAnne.Arcand@uoit.ca, or 905-721-8668 ext 3796

2. Janice Padilla-Moseley, Graduate Student, University of Ontario Institute of Technology
   Contact Information: Janice.Moseley@uoit.ca, or 416-569-4743 (WhatsApp)

3. Karla Francela Benavides Aguilar, Regional Administrative Coordinator, INCIENSA
   Contact Information: (506) 2279-9911 Ext. 170, or kbenavides@inciensa.sa.cr

External Funder/Sponsor: International Development Research Centre (IDRC)

You are invited to participate in a research study entitled “Scaling-up and Evaluating Salt/Sodium Reduction Policies and Programs in Latin American Countries”. This study has been reviewed the University of Ontario Institute of Technology Research Ethics Board (REB #14970).

Please read this consent form carefully, and feel free to ask the researcher any questions that you might have about the study.

Background and Purpose:

Globally, hypertension is the culprit for approximately millions of pre-mature death per year. In fact, hypertension is the leading cause of death in Latin America. Excessive dietary salt consumption is directly linked to hypertension.

The WHO, recommends that adults consume 5 g of salt per day. This is not the case in Latin America, where dietary salt consumption values for adults ranges between 9 g to 12 g of salt/day, which is more than double the recommended values.

This project will research knowledge translation, policy and program outcomes associated with dietary salt reduction research programs in five Latin American countries (Argentina, Brazil, Costa Rica, Peru, and Paraguay). You are being invited to participate in the study as you are currently leading and/or working with the non-communicable diseases programs, and are involved in policy and program decision making and/or implementation

Study Procedures:

For this study, IDRC requires an end-of-study project evaluation report. In the evaluation report, the study team would like to interview key informants who work at the Ministry of Health with an aim to:

a. investigate the influence of this research project on policy and/or program changes on sodium reduction for front of label (FOL) packaging, voluntary and regulated targets, social marketing and food procurement standards since the onset of the IDRC project in 2016, and
b. learn about the enabling or constraining factors of implementing programs and policies related to dietary sodium in your countries.

The interview will last approximately 45 minutes and will be conducted via web-call. The interview can be conducted in English or Spanish. We are looking to conduct interviews throughout the months of November and December as the report will be written immediately after.

The interviews will be audio recorded so that the moderator (Ontario Tech graduate student) can be an active participant in the discussion without having to take notes. The audio recording will be transcribed and then permanently deleted immediately.

Potential Benefits:

You may not receive direct benefit from being in this study. Information learned from this study might help the countries involved in this project develop policies and programs in the future that will address the hypertension.

Potential Risk or Discomforts:

There are no known risks to take part in this study. However, there may be possibility of risks that we do not know about and have not experienced to date.

A foreseeable risk to a potential study participant is that one can self-identify themselves in published reports since participants will be purposefully selected for participation based on their role in various sectors. As a result, quotes and interview responses may be linked back to you in publications since the study participants selected are known to work in salt reduction policy and programs and are affiliated with PAHO and the Salt Smart Consortium. To mitigate these risks, the quotes will be re-phrased and de-identified so that the likelihood of quotes being linked back to you is low.

Please call the Principal Investigator or study team personnel if you have if you experience any risk or harm as a result of this study.

Additional considerations are that the security of e-mail messages are not guaranteed. Messages may be forged, forwarded, kept indefinitely, or seen by others using the internet. Email must not be used to discuss sensitive information.

Confidentiality and Storage of Data:

The study team will collect information related to salt reduction policies and programs in your country. These questions will include implementation questions on these initiatives and general experiences. In addition, quotes from the interview will be used; however, the quotes will be re-phrased and de-identified so that the likelihood of quotes being linked back to you is low.

The interviews will be audio recorded and stored on a secured network storage. The audio recording will be transcribed and then deleted immediately. Only the graduate student, my graduate supervisor or the transcriber will have access to the recording and will be responsible for permanently deleting the audio file.

The Principal Investigator and research team will keep all other research information about you in a secure and confidential location for 7 years post study completion and then destroyed.

Some study information will be sent outside of the study team to the study funder. Any information about you that is sent out of the study team will have a number and will not show any information that directly identifies you.

The study funder may use the study information and share it with its research partners or with national and international regulatory agencies to help answer the study question and to develop future studies on this product or for research related to this study.

You will not be named in any reports, publications, or presentations that may come from this study. Your privacy shall be respected. No information about your identity will be shared or published without your permission, unless required by law. Confidentiality will be provided to the fullest extent

possible by law, professional practice, and ethical codes of conduct. Please note that confidentiality cannot be guaranteed while data are in transit over the Internet.

Right to Withdraw:
Your participation is voluntary, and you can answer only those questions that you are comfortable with answering. The information that is shared will be held in strict confidence and discussed only with the research team.

You may decide not to be in this study, or to be in the study now, and then change your mind later. You may leave the study at any time without affecting your relationship with the research study team, IDRC, PAHO, Salt Smart Consortium or the country you represent. We will give you new information that is learned during the study that might affect your decision to stay in the study.

If you decide to leave the study, you have the right to request withdrawal of information collected about you. Let your study Principal Investigator know.

Conflict of Interest:
Researchers have an interest in completing this study. Their interests should not influence your decision to participate in this study.

Compensation:
There will be no compensation for participation in this study.

Debriefing and Dissemination of Results:
A copy of the final IDRC report and publications will be shared with study participants once available.

Participant Concerns and Reporting:
If you have any questions concerning the research study or experience any discomfort related to the study, please contact the Adriana Blanco Metzler, Principal Investigator at (506) 2279-9911 Ext. 146, or ablanco@inciensa.sa.cr

If you have any questions about your rights as a participant in this study, please contact the University of Ontario Institute of Technology Research Ethics Board Chair at 905 721 8668 ext. 3835 or ruth.milman@uoit.ca

By consenting, you do not waive any rights to legal recourse in the event of research-related harm.

Consent to Participate:

1. I have read the consent form and understand the study being described.

2. I have had an opportunity to ask questions and my questions have been answered. I am free to ask questions about the study in the future.
3. I freely consent to participate in the research study, understanding that I may discontinue participation at any time without penalty. A copy of this Consent Form has been made available to me.

☐ I Agree

Appendix C – Interview Guide (Country Lead)

Country Lead Interview Script

Project title: Scaling-up and evaluating salt reduction policies and programs in Latin American countries.

Can you please tell me your position, title?
What is your involvement with policies, strategies and practices in your country?
How long have you been in this position?

Influence of IDRC research project on policies and program (e.g. program/practice changes) on sodium reduction

Please tell me about any other research projects you are aware of that focus on informing sodium reduction policies and programs in your country or in Latin America?

How does research knowledge influence your government's likelihood of adopting a sodium reduction policy/program?
Probe:
Create local awareness.
Policy agenda setting, policy content and direction, evaluation of policy.
Can you think of other examples where research knowledge informed policies and programs in your government?
Why do you think these policies were adopted?
What inputs, in the form of key activities, and resources were required to implement the policy/program?
Were all of these inputs and resources available?

In relation to the research conducted as part of this IDRC grant, please tell me about the kind of interactions you have had with policy makers during the grant period? (E.g., forums to hear about research findings, invitations to speak to policy makers, invitations to be active members in policy development).

Probe:
What did you learn from these exchanges with policy makers?
How do you feel about interacting with policymakers (knowledge users) about your research findings on sodium reduction and NCDs for policy development?
Can you think of time points in the research cycle where you could exchange information with policy makers? (E.g. idea generation, design, data collection, analysis, and application/dissemination of knowledge.)

When are appropriate time points to engage with policy makers to exchange information? (E.g. idea generation, design, data collection, analysis, and application/dissemination of knowledge.)

Sodium focused policy and initiative changes from the onset of the project in 2016

Based on a survey and mapping exercise led by the Pan American Health Organization (PAHO) on policies and initiatives focused on dietary sodium consumption in Latin American countries, the following policies and initiatives were found: [See country specific country profile].

Based on the country profiles, you have these policies and initiatives. Referring to the country profile, to your knowledge, what changes, if any, have occurred to this policy or program in your country since the start of the IDRC grant period in 2016?

If change(s) occurred or new policy generated:
How would you describe the change(s) to the new policies and programs?
In your opinion, to what extent did the IDRC research influence this policy or program?

If no changes:
What was the last known update or status of the policy or program?
Can you tell me why no changes have been made since 2016 (the start of the grant period)?

Probe the factors involving:
Maturity of the research results (e.g. too early to see outcomes).
Planning (e.g. project time lines or term in office).
Leadership (e.g. change in roles, champions to lead change, active involvement).
Resources (e.g. capacity, monitoring of adoption to ensure sustained changes, time challenges).
Priority (e.g., change in priority, focus on different policies).
Challenges in political environment (e.g. electoral uncertainty, policy instability, weak governance practices, violent conflict, humanitarian crisis).

In your opinion, what changes would you like to see with the policy or program?

If unsure of changes:
What was the last known update or status of the policy or program?
In your opinion, what changes would you like to see with the policy or program?
What are the proposed future plans for the policy or program, if any?

Facilitators and barriers of implementing policies and programs in the IDRC countries.

I am going to ask you about the barriers that impede the adoption of research into policies and programs. One type of barrier is context, which includes:

social;
economic and cultural factors;
national and local policies;
trends or governance; and
historical context.

These contextual factors may influence policy development and implementation related to sodium reduction. Please describe any context barriers that would influence the adoption of sodium reduction policies and programs in your country.

Probe the importance of:
Challenges in political environment (e.g. electoral uncertainty, policy instability, weak governance practices, violent conflict, humanitarian crisis).
Changes in administration.
State structure and the relationship between the executive and legislative branches.
Restrictions in economic resources.

Now I would like to ask you about facilitators, which are factors that help or enable the uptake of research into policies and programs related to sodium reduction. What are context facilitators that have influenced the adoption research into policies and programs in your country?

Probe:
Organization's attitudes and perceptions of research utilization.
Observing other Latin American countries adopt research data to create policies or laws to regulate sodium content in food sources.

Next, I would like to ask you about any barriers specifically related to the content (or attributes) of the research data on dietary sodium. For example, content of research data includes the:

strength of the data;
innovation of the research;
gaps in the evidence, and
relevance of the data to your country.
Please describe any barriers related to the content of research data that have influenced sodium reduction policies and programs in your country.

Probes:
Challenges with interpreting the research data.
Language too technical and statistical.
Value on NCD prevention is not clear.
Innovative findings.

Lack of credibility of research findings.

Now I would like to ask you about any facilitators related to the content (or attributes) of the research data that may influence the adoption into sodium reduction policies and programs. Please describe any facilitators related to the content of the research data that have influenced sodium reduction policies in your country.

Probe:
Type of research approach (e.g. biomedical or clinical research versus social science observational research).
Maturity of research in the field (e.g. empirical research, journals, conferences, presence of experienced researchers in the field),
Specificity of the research (e.g. targeted, short-term results, cost effective benefits).
Communication training on developing policy briefs, delivering testimonies to legislative bodies, executive branch members, or policymaking groups.
Information sources (e.g. media, emails, and brief publications).

I would like to ask you about barriers related to policy actors which are any individual or group who are directly or indirectly involved in the policy process. To name a few, policy actors may include:

Governments;
private organizations;
non-governmental organizations;
civil society; and
academia.

Please describe any barriers related to the actors involved that would influence the creation of policies and programs related to dietary sodium.

Probe:
Research driven by the public sector versus academia.
Political culture (e.g. decision making based on experience and immediate pressures, rather than research evidence).
Technical background to understand and interpret research results.
Industry lobbying or interference.

Now, please describe any facilitators related to the policy actors involved that would influence the creation of policies and programs related to dietary sodium.

Probe:
Inter-professional social networks and collaborations. E.g. non-governmental organizations, official research organizations in the health sector

A dedicated facilitator or liaison (e.g. someone that is familiar with your country's political climate),
Mass media.
Key interest groups (E.g. members of the public, private industry).
International support (e.g. foreign donors).

I would like to ask you about any process barriers that may influence the creation of policies and programs on sodium reduction. Process factors are:

actions and outputs related to the policy process;
what policy actors do and why;
communication channels used;
dissemination of results; and
resources that are used to promote or impede the use of research in policy.

Please describe any process barriers that may influence the creation of policies and programs on sodium reduction in your country.

Probe:
Complex process.
Resources (e.g. funding, adequate personnel, capable personnel, time constraints).
Poor communication channels between researchers (knowledge generators) and decision-makers (knowledge users).
What changes can be made to promote optimal communication?
How does research results move (disseminate) within and across organizations?
Now, I would like to ask you about any process facilitators (e.g. actions and outcomes).
Please describe any process facilitators that may influence the creation of policies and programs in your country.

Probe:
Communication channels (e.g. formal versus informal).
International support for research (e.g. financial support).
Advocacy efforts.

Policies and programs are one way to reduce dietary sodium at a population level. Tell me about any other types of sodium reduction interventions that you think would be helpful in reducing dietary sodium intake.

Do you have any further comments you would like to add before concluding our conversation today?

Thank you for your time.

Appendix D – Interview Guide (Key Informant Interview Script)

Project title: Scaling-up and evaluating salt reduction policies and programs in Latin American countries.

Can you please tell me your position, title?
What is your involvement with policies, strategies and practices in your country?
How long have you been in this position?

Influence of IDRC research project on policies and initiatives (e.g. program/practice changes) on sodium reduction

Please tell me about any other research projects that you are aware of which focus on informing sodium reduction policies and programs in your country or Latin American.

How does research knowledge influence your government's likelihood of adopting a sodium reduction policy or program?
Probe:
Create local awareness.
Policy agenda setting, policy content and direction, evaluation of policy.
Can you think of other examples where research knowledge informed policies and programs in your government?
Why do you think these policies were adopted?
What inputs, in the form of key activities, and resources were required to implement the policy/program?
Were all of these inputs and resources available?

What information sources are considered before your government adopts the information into policy and programs? E.g., peer review articles, systematic reviews, conferences.

In relation to the research conducted as part of this IDRC grant, or any other research project, please tell me about the kind of interactions you have had with researchers during the grant period, or for any other research project. (E.g., forums to hear about research findings, invitations to speak to researchers, invitations to be active members in research projects).

Probe:
What did you learn from these exchanges with researchers?
How do you feel about interacting with researchers about initiatives on sodium reduction and NCDs for policy development?
Can you think of time points in the policy cycle where you could exchange information with researchers? (E.g. needs assessment, policy identification, policy creation, stakeholder consultation, policy evaluation).

Based on the research outputs of the IDRC project [name a few outputs on meetings, publications and conferences], how do you think this information will be used in policy and program action going forward?

In your view, how could sodium reduction policies be prioritized to the top?

Sodium focused policy and initiative changes from the onset of the project in 2016

Based on a survey and mapping exercise led by the Pan American Health Organization (PAHO) on policies and initiatives focused on dietary sodium consumption in Latin American countries, the following policies and initiatives were found: [See Nadia's country profile].

Based on the country profiles, you have these policies and initiatives in your country. Referring to the country profile, to your knowledge, what changes, if any, have occurred to this policy or program in your country since the start of the IDRC grant period in 2016?

If change(s) occurred or new policy generated:
How would you describe the change(s) or the new policy or program?
In your opinion, to what extent did the IDRC research, or any other research project, influence this policy or program?

If no changes:
What was the last known update or status of the policy or program?
Can you tell me which of the following factors may or may not have contributed to no changes have been made since 2016 (the start of the grant period)?

Probe the factors involving:
Maturity of the research results (e.g. too early to see outcomes).
Planning (e.g. project time lines or term in office).
Leadership (e.g. change in roles, champions to lead change, active involvement).
Resources (e.g. capacity, monitoring of adoption to ensure sustained changes, time challenges).
Priority (e.g., change in priority, focus on different policies).
Challenges in political environment (e.g. electoral uncertainty, policy instability, weak governance practices, violent conflict, humanitarian crisis).
Not aware of research outputs from this project.

In your opinion, what changes would you like to see with the policy or program?

If unsure of changes:
What was the last known update or status of the policy or program?
In your opinion, what changes would you like to see with the policy or program?
What are the proposed future plans for the policy or program, if any?

Facilitators and barriers of implementing policies and programs in the IDRC countries.

I am going to ask you about the barriers that impede the adoption of research into policies and programs. One type of barrier is context, which includes:
social;
economic and cultural factors;
national and local policies;
trends or governance; and
historical context.

These contextual factors may influence policy development and implementation related to sodium reduction. Please describe any context barriers that would influence the adoption of sodium reduction policies and programs in your country.

Probe the importance of:
Challenges in political environment (e.g. electoral uncertainty, policy instability, weak governance practices, violent conflict, humanitarian crisis).
Changes in administration.
State structure and the relationship between the executive and legislative branches.
Restrictions in economic resources.
Key interest groups (e.g. members of the public, private industry).

Now I would like to ask you about facilitators, which are factors that help or enable the uptake of research into policies and programs related to sodium reduction. What are context facilitators that have influenced the adoption research into policies and programs in your country?

Probe:
Organization's attitudes and perceptions of research utilization.
Observing other Latin American countries adopt research data to create policies or laws to regulate sodium content in food sources.
Key interest groups (e.g. members of the public, private industry).

Next, I would like to ask you about any barriers specifically related to the content (or attributes) of the research data on dietary sodium. For example, content of research data includes the:

strength of the data;
innovation of the research;
gaps in the evidence, and
relevance of the data to your country.

Please describe any barriers related to the content of research data that may have negatively influenced sodium reduction policies and programs in your country.

Probes:
Challenges with interpreting the research data.
Language too technical and statistical.
Value on NCD prevention is not clear.
Innovative findings.
Lack of credibility of research findings.

Now I would like to ask you about any facilitators related to the content (or attributes) of the research data that may be helpful in influencing the adoption into sodium reduction policies and programs. Please describe any facilitators related to the content of the research data that have influenced sodium reduction policies in your country.

Probe:
Type of research approach (e.g. biomedical or clinical research versus social science observational research).
Maturity of research in the field (e.g. empirical research, journals, conferences, presence of experienced researchers in the field),
Specificity of the research (e.g. timely, targeted and short-term results; cost effective benefits).
Information sources (e.g. media, emails, and brief publications).

Can you describe an example when research data drove political action in your country?

Probe:
What was the role of civil society in the uptake of research into political action? (E.g. engagement, support).

I would like to ask you about barriers related to policy actors which are any individual or group who are directly or indirectly involved in the policy process. To name a few, policy actors may include:
Governments;
private organizations;
non-governmental organizations;
civil society; and
academia.

Please describe any barriers related to the actors involved that would negatively influence the creation of policies and programs related to dietary sodium.

Probe:

Research driven by the public sector, civil society and academia.
How do you perceive these groups to work together in policy action?
Political culture (e.g. decision making based on experience and immediate pressures, rather than research evidence).
Technical background and capacity building in certain research areas (E.g. to understand and interpret research results).
Industry lobbying or interference.

Now, please describe any facilitators related to the policy actors involved that would be helpful in influencing the creation of policies and programs related to dietary sodium.

Probe:
Inter-professional social networks and collaborations (e.g. non-governmental organizations, official research organizations in the health sector).
A dedicated facilitator or liaison (e.g. someone that is familiar with your country's political and research climate).
Mass media.
Key interest groups (e.g. members of the public, private industry).
International support (e.g. foreign donors).

I would like to ask you about any process barriers that may negatively influence the creation of policies and programs on sodium reduction. Process factors are:

actions and outputs related to the policy process;
what policy actors do and why;
communication channels used;
dissemination of results; and
resources that are used to promote or impede the use of research in policy.

Please describe any process barriers that may influence the creation of policies and programs on sodium reduction in your country.

Probe:
Complex process.
Resources (e.g. funding, adequate personnel, capable personnel, time constraints).
Poor communication channels between researchers (knowledge generators) and decision-makers (knowledge users). Do these channels need to be rebuilt?
How does research results move (e.g. disseminate) within and across your organization?

Now, I would like to ask you about any process facilitators (e.g. actions and outcomes).
Please describe any process facilitators that may be helpful in influencing the creation of policies and programs in your country.

Probe:
Communication channels (e.g. formal versus informal).
International support for research (e.g. financial support).
Advocacy efforts.

Policies and programs are one way to reduce dietary sodium at a population level. Tell me about any other types of sodium reduction interventions that you think would be helpful in reducing dietary sodium intake.

Do you have any further comments you would like to add before concluding our conversation today?

Thank you for your time.

Appendix E – Ministry of Health Key Informant Interview Guide in Spanish (Guion para la entrevista al informante clave)

Título del proyecto: ampliación y evaluación de las políticas y los programas de reducción de la sal en países de América Latina.

¿Puede decirme su cargo o puesto de trabajo?
¿Cuál es su grado de involucramiento en las políticas, estrategias y prácticas de su país?
¿Cuánto tiempo hace que ocupa este cargo?

Influencia del proyecto de investigación del Centro Internacional de Investigaciones para el Desarrollo (IDRC, por sus siglas en inglés) sobre las políticas e iniciativas (p. ej., los cambios de programas o de prácticas) relativas a la reducción del sodio

Cuénteme sobre cualquier otro proyecto de investigación del que tenga conocimiento y que se centre en informar las políticas y los programas de reducción de sodio en su país o en América Latina.

¿Cómo influye el conocimiento de la investigación en la probabilidad de que su gobierno adopte una política o un programa de reducción del sodio?
Indague sobre lo siguiente:
La creación de la concientización local.
El establecimiento de la agenda de políticas, el contenido y dirección de las políticas y su evaluación.
¿Recuerda otros ejemplos en los que el conocimiento de la investigación haya servido de base para políticas y programas en su gobierno?
¿Por qué cree que se adoptaron estas políticas?
¿Qué aportes, en forma de actividades clave, y recursos se necesitaron para implementar la política o el programa?
¿Estaban disponibles todos estos aportes y recursos?

¿Qué fuentes de información se consideran antes de que su gobierno adopte la información para formular políticas y programas? P. ej., artículos revisados por colegas, revisiones sistemáticas o conferencias.

En relación con las investigaciones realizadas como parte de esta subvención del IDRC, o de cualquier otro proyecto de investigación, cuénteme qué tipo de interacciones ha tenido con los investigadores durante el período de la subvención o con respecto a cualquier otro proyecto de investigación. (P. ej., foros para enterarse de las conclusiones de la investigación, invitaciones para hablar con los investigadores e invitaciones para ser miembros activos en los proyectos de investigación).

Indague sobre lo siguiente:
¿Qué aprendió de estos intercambios con los investigadores?

¿Cómo se siente a la hora de interactuar con los investigadores para conocer las iniciativas sobre la reducción del sodio y las ENT para el desarrollo de las políticas?
¿Recuerda momentos en el ciclo de las políticas en los que haya podido intercambiar información con los investigadores? (P. ej., evaluación de necesidades, identificación de políticas, creación de políticas, consultas de interesados y evaluación de políticas).

Sobre la base de los resultados del proyecto del IDRC [nombre algunos resultados en reuniones, publicaciones y conferencias], ¿cómo cree que esta información se utilizará, de ahora en adelante, en las actuaciones relacionadas con políticas y programas?

En su opinión, ¿cómo podrían convertirse las políticas de reducción del sodio en puntos prioritarios?

Cambios en las políticas e iniciativas centradas en el sodio desde el inicio del proyecto en 2016

La Organización Panamericana de la Salud (OPS) lideró una encuesta y un ejercicio de relevamiento para establecer correspondencias en cuanto a las políticas e iniciativas centradas en el consumo de sodio alimenticio en países latinoamericanos. Como resultado, se descubrieron las siguientes políticas e iniciativas: [Consultar el perfil del país de Nadia].

Según los perfiles de los países, estas son las políticas e iniciativas en su país. En lo referente al perfil del país, según su entendimiento, ¿qué cambios, si los hubiere, ha sufrido esta política o programa en su país desde el inicio del período de subvención del IDRC en 2016?

Si se produjeron cambios o se creó una nueva política:
¿Cómo describiría los cambios, la nueva política o el nuevo programa?
En su opinión, ¿hasta qué punto la investigación del IDRC, o cualquier otro proyecto de investigación, influyó en esta política o este programa?

Si no se produjeron cambios:
¿Cuál fue la última actualización o estado de la política o el programa?
¿Puede decirme cuál de los siguientes factores pudo o no haber contribuido a que no se hayan realizado cambios desde 2016 (el inicio del período de la subvención)?

Indague los factores relacionados con lo siguiente:
La madurez de los resultados de la investigación (p. ej., es demasiado pronto para ver resultados).
La planificación (p. ej., plazos del proyecto o período de gobierno).
El liderazgo (p. ej., cambio de funciones, responsabilidad para liderar el cambio y participación activa).
Los recursos (p. ej., capacidad, supervisión de la adopción para garantizar el cambio sostenido y desafíos de tiempo).
La prioridad (p. ej., cambio en la prioridad y enfoque en otras políticas).

Los desafíos en el entorno político (p. ej., incertidumbre electoral, inestabilidad política, prácticas de gobernanza débiles, conflictos violentos y crisis humanitarias).
No tiene conocimiento de los resultados de las investigaciones de este proyecto.

En su opinión, ¿qué cambios le gustaría ver en relación con la política o el programa?

Si no está seguro/a de los cambios:
¿Cuál fue la última actualización o estado de la política o el programa?
En su opinión, ¿qué cambios le gustaría ver en relación con la política o el programa?
¿Cuáles son los futuros planes propuestos para la política o el programa, si los hubiere?

Medidas favorecedoras y barreras para la aplicación de políticas y programas en los países del IDRC.

Voy a preguntarle sobre las barreras que impiden que la investigación se convierta en políticas y programas. Un tipo de barrera es el contexto, que incluye lo siguiente:
entorno social;
factores económicos y culturales;
políticas nacionales y locales;
tendencias o gobernanza; y
contexto histórico.

Estos factores contextuales pueden influir en el desarrollo y la aplicación de políticas relacionadas con la reducción del sodio. Describa toda barrera proveniente del contexto que podría influir en la adopción de políticas y programas de reducción del sodio en su país.

Indague la importancia de lo siguiente:
Los desafíos en el entorno político (p. ej., incertidumbre electoral, inestabilidad política, prácticas de gobernanza débiles, conflictos violentos y crisis humanitarias).
Los cambios en la administración.
La estructura del Estado y la relación entre los poderes ejecutivo y legislativo.
Las restricciones en cuanto a los recursos económicos.
Los principales grupos de interés (p. ej., miembros del sector público y el sector privado).

Ahora, me gustaría preguntarle acerca de las medidas favorecedoras, es decir, los factores que pueden facilitar o permitir la utilización de la investigación para crear políticas y programas relacionados con la reducción del sodio. ¿Qué medidas favorecedoras provenientes del contexto han influido en la adopción de la investigación para crear políticas y programas en su país?

Indague sobre lo siguiente:
Las actitudes y percepciones de la organización en cuanto a la utilización de la investigación.

La observación de cómo otros países de América Latina adoptan los datos de la investigación para crear políticas o leyes que regulen el contenido de sodio en los alimentos.
Los principales grupos de interés (p. ej., miembros del sector público y el sector privado).

A continuación, me gustaría preguntarle sobre cualquier barrera específicamente relacionada con el contenido (o los atributos) de los datos de la investigación sobre el sodio alimentario. P. ej., el contenido de los datos de la investigación incluye lo siguiente:

la solidez de los datos;
la innovación de la investigación;
las lagunas en la evidencia; y
la importancia de los datos para su país.

Describa las barreras relacionadas con el contenido de los datos de la investigación que pueden haber tenido una influencia negativa en las políticas y programas de reducción del sodio en su país.

Opciones de indagación:
Problemas con la interpretación de los datos de la investigación.
El lenguaje es demasiado técnico y estadístico.
El valor para la prevención de las ENT no está claro.
Conclusiones innovadoras.
La falta de credibilidad de las conclusiones de la investigación.

Ahora, me gustaría preguntarle sobre toda medida favorecedora relacionada con el contenido (o los atributos) de los datos de la investigación que puedan ser útiles para influir en la adopción de políticas y programas de reducción del sodio. Describa cualquier medida favorecedora relacionada con el contenido de los datos de la investigación que haya influido en las políticas de reducción del sodio en su país.

Indague sobre lo siguiente:
El tipo de método de investigación (p. ej., investigación clínica o biomédica versus investigación observacional de las ciencias sociales).
La madurez de las investigaciones en el campo (p. ej., investigaciones empíricas, revistas, conferencias y presencia de investigadores con experiencia en el campo).
La especificidad de la investigación (p. ej., resultados puntuales, selectivos y a corto plazo y beneficios rentables).
Las fuentes de información (p. ej., medios de comunicación, correos electrónicos y publicaciones de informes).

¿Puede describir un ejemplo donde los datos de la investigación condujeron a la acción política en su país?

Indague sobre lo siguiente:
¿Cuál fue la función de la sociedad civil en la utilización de la investigación para realizar acciones políticas? (p. ej., participación y respaldo).

Me gustaría preguntarle sobre las barreras relacionadas con los actores en materia de políticas, es decir, las personas o grupos directa o indirectamente involucrados en el proceso de la formulación de políticas. Para nombrar algunos ejemplos, los actores en materia de políticas pueden incluir:
gobiernos;
organizaciones privadas;
organizaciones no gubernamentales;
la sociedad civil; y
el mundo académico.

Describa las barreras relacionadas con los actores involucrados que influyan negativamente en la creación de políticas y programas relacionados con el sodio alimentario.

Indague sobre lo siguiente:
La investigación impulsada por el sector público, la sociedad civil y el mundo académico.
¿Cómo percibe que estos grupos pueden trabajar juntos para realizar acciones en cuanto a políticas?
Cultura política (p. ej., toma de decisiones basadas en la experiencia y en presiones inmediatas en lugar de la evidencia de la investigación).
Antecedentes técnicos y capacitaciones en ciertas áreas de investigación (p. ej., para comprender e interpretar los resultados de la investigación).
Cabildeo o interferencia en la industria.

Ahora, describa toda medida facilitadora relacionada con los actores involucrados en las políticas que podría ayudar a influir en la creación de políticas y programas relacionados con el sodio alimentario.

Indague sobre lo siguiente:
Las redes sociales y las colaboraciones entre profesionales (p. ej., organizaciones no gubernamentales y organizaciones de investigación oficial en el sector de la salud).
Un mediador o enlace dedicado (p. ej., alguien que esté familiarizado con el clima político y de investigación de su país).
Los medios masivos de comunicación.
Los principales grupos de interés (p. ej., miembros del sector público y el sector privado).
El apoyo internacional (p. ej., donantes extranjeros).

Me gustaría preguntarle sobre toda barrera para los procesos que pueda influir negativamente en la creación de políticas y programas sobre la reducción del sodio. Los factores del proceso son los siguientes:

las acciones y los resultados relacionados con el proceso político;
las acciones que llevan a cabo los actores en materia de políticas y por qué;
los canales de comunicación utilizados;
la difusión de los resultados; y
los recursos que se utilizan para promover u obstaculizar el uso de la investigación en las políticas.

Describa cualquier barrera para el proceso que pueda influir en la creación de políticas y programas sobre la reducción del sodio en su país.

Indague sobre lo siguiente:
El proceso complejo.
Los recursos (p. ej., financiación, personal adecuado, personal capacitado y limitaciones de tiempo).
Los canales de comunicación deficientes entre los investigadores (generadores de conocimiento) y los tomadores de decisiones (usuarios del conocimiento). ¿Estos canales necesitan reconstruirse?
¿Cómo se trasladan los resultados de la investigación (p. ej., difusión) dentro de su organización y en toda su extensión?

Ahora, me gustaría preguntarle sobre cualquier medida favorecedora de procesos (p. ej., acciones y resultados). Describa cualquier medida favorecedora de procesos que pueda servir para influir en la creación de políticas y programas en su país.

Indague sobre lo siguiente:
Los canales de comunicación (p. ej., formal versus informal).
El respaldo internacional para la investigación (p. ej., apoyo financiero).
Los esfuerzos de promoción.

Las políticas y los programas son una manera de reducir el sodio alimentario a nivel de la población. Cuénteme sobre cualquier otro tipo de intervención para la reducción del sodio que crea que ayudaría a reducir la ingesta de sodio alimentario.

¿Tiene algún comentario adicional que le gustaría añadir antes de concluir nuestra conversación del día de hoy?

Gracias por su tiempo.

Appendix E – Research Ethics Board Review Exemption Letter

UNIVERSITY OF ONTARIO INSTITUTE OF TECHNOLOGY

RESEARCH ETHICS BOARD
OFFICE OF RESEARCH SERVICES

Date:	July 4, 2018
To:	JoAnne Arcand
From:	Shirley Van Nuland, REB Chair
REB File #:	14970
Project Title:	Scaling-up and Evaluating Salt/Sodium Reduction Policies and Programs in Latin American Countries.
DECISION:	Exempt from REB review

The University of Ontario, Institute of Technology Research Ethics Board (REB) has reviewed the above research proposal to ensure compliance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2 (2014)) and the UOIT Research Ethics Policy and Procedures.

As per the UOIT REB SOP 203 Activities Requiring REB Review and the Article 2.2 of the TCPS2 this project will not require REB approval.

Notes from review:

- Survey A has been accepted; please upload the revised survey to IRIS.
- Survey B has been reviewed for use and accepted with the exception of the following items which ask the opinion of the person completing the questionnaire: # 7, 8, 10, 11, 32, 33, 42, 43, 55, 100, 101, 110, 111, and 127. These will need to be omitted. The translation of the questionnaire from Spanish into English may be part of the difficulty for all the questions cited above, however, I cannot accurately determine that to be the issue.
- # 127 is clearly asking the opinion of the participant answering the questionnaire.

If there is a change to your project that requires REB review, kindly contact the Research Ethics Officer for consultation.

If you have any questions, please contact the Research Ethics Officer by email at researchethics@uoit.ca or by telephone at 905-721-8668, extension 3693. **Always quote your REB file number within future correspondence.**

Sincerely,

Research Ethics Board Chair
Dr. Shirley Van Nuland
shirley.vannuland@uoit.ca

Appendix F – PAHO's Country Profiles

Annex 1: Country profiles

ARGENTINA*	
Government policies / Políticas gubernamentales	
NCDs policy / Política de ENTs	• Ley 25.501 - Establécese la prioridad sanitaria del control y prevención de las enfermedades cardiovasculares en todo el territorio nacional (2001) • Guía de Práctica Clínica Nacional sobre prevención, diagnóstico y tratamiento de la Diabetes Mellitus Tipo 2 - Para el primer nivel de atención (2008) • Resolución 1083/2009 - Estrategia Nacional para la Prevención y Control de Enfermedades no Transmisibles y el Plan Nacional Argentina Saludable (2009) • Prevención de las Enfermedades Cardiovasculares - Guía de bolsillo para la estimación y el manejo del riesgo cardiovascular (2009) • Resolución 801/2011 - Créase el Programa Nacional de Prevención de las Enfermedades Cardiovasculares (2011) • Iniciativa Menos Sal, Más Vida (2013) • Código Alimentario Argentino Capítulo XVII: Alimentos de régimen o dietéticos (2013)
Overweight and obesity prevention policy / Política de prevención del sobrepeso y obesidad	• Resolución 732/2016 Programa Nacional de Alimentación Saludable y Prevención de la Obesidad (2016)

Specific policy for the reduction of salt/sodium intake / Política específica para la reducción de la ingesta de sal/sodio	• Ley 26.905 - Ley de reducción del consumo de sodio (2013) • **Reglamentación de la Ley 26.905 sobre Promoción de la reducción del consumo de sodio en la población (2017)**

Legislation / Regulation / Legislación / Regulación

Taxes to high salt/sodium foods / Impuestos a los alimentos altos en sodio	
Regulation on marketing of foods high in salt to children / Regulación de la publicidad de alimentos altos en sodio para niños	• Ley 26.905 - Ley de reducción del consumo de sodio (2013) **Nota: medida es contemplada dentro de la ley, pero no se ha implementado aun.**
Nutritional labelling (include sodium content on nutritional panel) / Etiquetado nutricional (incluye contenido de sodio en panel nutricional)	• **Reglamento Técnico MERCOSUR para Rotulación de Alimentos Envasados, aprobado por resolución 26/03 del MERCOSUR (2006)** • **MERCOSUR/GMC/RES. N° 01/12 - Reglamento tecnico MERCOSUR sobre información nutricional complementaria - declaraciones de propiedades nutricionales - (2012)** • **Código Alimentario Argentino - Capítulo V: Normas para la rotulación y publicidad de alimentos - Resolución Conjunta SPRyRS 149/2005 y SAGPyA 683/2005 – MERCOSUR (2013)**

WHO "Best buys" to reduce unhealthy diet and Monitoring / OMS - Intervenciones "más costos eficaces" para reducir la alimentación poco saludable y Monitoreo

Reduce salt intake through / reducir el consumo de sal mediante:

1. ***Reformulation of food products – voluntary or mandatory targets / Reformulación de productos alimenticios – metas voluntarias u obligatorias***

- **Convenio Marco para la Reducción Voluntaria y Progresiva del contenido de Sodio en Alimentos Procesados - Ministerio de Salud de la Nación – Secretaria del Ministerio de Agricultura, Ganadería y Pesca – Coordinadora de las Industrias de Productos Alimenticios (2011)**
- **Información de los acuerdos voluntarios con la industria para la reducción voluntaria y progresiva del contenido de sodio en alimentos procesados (2011)**
- **Tabla de Alimentos Procesados seleccionados en los que se realizará una reducción Voluntaria y Progresiva del Contenido de Sodio (2012)**
- **Listado de empresas con detalle de productos incluidos en el proceso de reducción voluntaria y progresiva del contenido de sodio en alimentos procesados (2012)**
- **Metas de reduccion productos farináceos: Acta Adhesión al Convenio Marco de Reducción Voluntaria y Progresiva del contenido de Sodio - Período 2013-2015 (2013)**
- **Guía de recomendaciones para panaderos - ¿Cómo y porqué reducir el uso de la sal y no utilizar grasas trans? (2016)**
- **Resolución 732/2016 Programa Nacional de Alimentación Saludable y Prevención de la Obesidad (2016)**

2. ***Establishment of a supportive environment in public institutions / Creación de un entorno propicio en instituciones públicas***
   - **Ley 3.704 - Alimentación Saludable para niños, niñas y adolescentes en el ámbito escolar, Buenos Aires (2010)**
   - **Manual de Lugares de Trabajo Saludables (2013)**
   - **Lugares de Trabajo Saludables - Guía rápida para la implementación (2013)**
   - **Manual de Universidades Saludables (2012)**
   - **Acciones Municipales de promoción de la alimentación saludable, la actividad física y la lucha contra el Tabaco (2013)**

3. ***Behavior change communication and mass media campaign (educational materials also included) / Campañas en los medios de comunicación que inste a un cambio de comportamiento (también se incluye materiales educativos)***

- **Guías alimentarias para la población Argentina - Documento técnico metodológico (2016)**
- **Guía alimentaria para la población argentina - Video en youtube, gráficos (2016)**
- **Alimentacion saludable, sobrepeso y obesidad en Argentina (material grafico)**
- **Folletos y volantes – Reduce el consumo de sal (Ministerio de Salud)**
- **Mensajes y grafica de las Guias Alimentarias para la población Argentina**
- **Nutrición y educación alimentaria - Ficha N° 4 - Sodio: en la moderación está el gusto**
- **Hipertensión Arterial, Enfermedad Cardiovascular, Diabetes, Enfermedad renal, Alimentación Saludable (Información en la página web del Ministerio de Salud)**
- **Ministerio de salud continúa trabajando para reducir el consumo de sal en la población – Semana Mundial de Concientizacion sobre el consumo de Sal (2018)**
- **Porta web Ministerio de Salud y Desarrollo Social – Alimentación saludable recursos & campañas**

4. ***Implementation of front-of-pack labelling / Implementación del etiquetado en la parte frontal de los envases***

5. ***Monitoring / Monitoreo***

a. **Population salt/sodium intake / Ingesta de sal/sodio de la población**
   - **Presentación resultados de la iniciativa Menos Sal Más Vida 2015 (2015)**

b. **Consumer knowledge, attitude and behavior / Conocimiento, actitud y comportamiento del consumidor**
   - **Segunda Encuesta Mundial de Salud Escolar (2012)**
   - **Principales Resultados 3° Encuesta nacional de factores de riesgo para ENTs (2013)**
   - **Tercera Encuesta nacional de Factores de Riesgo para Enfermedades no Transmisibles (2013)**
   - **Presentación resultados de la iniciativa Menos Sal Más Vida 2015 (2015)**

c. **Salt/sodium content in foods – Reformulation / Contenido de sal/sodio en alimentos - Reformulación**
   - **Presentación resultados de la iniciativa Menos Sal Más Vida 2015 (2015)**

- **Convenio de Reducción de sodio en alimentos Procesados Situación a Enero 2015 (2015)**

*** Data were validated by government officials / Los datos fueron validados por funcionarios del gobierno.**

BRASIL*	
Government policies / Políticas gubernamentales	
Public Health Policy / Política de Salud Pública	• **Plan Nacional de Salud 2012-2015 (2011)** • **Plan Nacional de Salud 2016-2019 (2016)**
NCDs policy / Política de ENTs	• **Prevención de enfermedades clínica Cardiovascular, Cerebrovascular y renal crónica (2006)** • **Plan de acción estratégico para combatir las enfermedades crónicas no transmisibles (ENT) en Brasil 2011-2022 (2011)** • **Política Nacional para la Prevención y Control del Cáncer en la Red de Atención a la Salud de las Personas con enfermedades crónicas en el marco del Sistema Único de Salud (SUS) (2013)** • **Estrategias para el cuidado de las personas con enfermedades crónicas - La hipertensión arterial sistémica (2013)** • **Estrategias para el cuidado de las personas con enfermedades crónicas - Diabetes Mellitus (2013)** • **Estrategias para el cuidado de las personas con enfermedades crónicas – Obesidad (2014)** • **Estrategia para el cuidado de personas con enfermedades crónicas (2014)**
Development Policy / Política de Desarrollo	• **Cambios al Plan Plurianual 2012-2015 (2013)** • **Negociaciones de la Agenda de Desarrollo Post 2015: Elementos Orientadores de la Posición Brasileña (2014)**
Overweight and obesity prevention policy / Política de prevención del sobrepeso y obesidad	• **Cuadernos de atención básica – Obesidad (2006)** • **Estrategia Intersectorial de Prevención y Control de la Obesidad: Recomendaciones para Estados y Municipios (2014)**

	• Estrategia Intersectorial de Prevención y Control de la Obesidad - Promoviendo estilos de vida y alimentación adecuada y saludable para la población Brasilera (2014) • Perspectivas y Desafíos en el cuidado de personas con Obesidad: Resultados de laboratorio en la gestión de la obesidad en las redes de atención de la salud (2014)
Nutrition Policiy / Política de Nutrición	• Política Nacional de Alimentación y Nutrición (2013)
Specific policy for the reduction of salt/sodium intake / Política específica para la reducción de la ingesta de sal/sodio	
Legislation / Regulation / Legislación / Regulación	
Taxes to high sodium foods / Impuestos a los alimentos altos en sodio	
Regulation on marketing of foods high in salt to children / Regulación de la publicidad de alimentos altos en sodio para niños	• Resolución-RDC N 24 - Publicidad de Alimentos (2010) • Política Nacional para la Prevención y Control del Cáncer en la Red de Atención a la Salud de las Personas con enfermedades crónicas en el marco del Sistema Único de Salud (SUS) (2013) **Nota: Estas politicas contemplan la medida, pero aun no estan implementadas según respuesta enviada por funcionarios del gobierno.**
Nutritional labelling (include sodium content on nutritional panel) /	• Resolución RDC Nº 359 - Aprueba el Reglamento Técnico de porciones de Alimentos Empaquetado para fines de etiquetado nutricional (2003)

Etiquetado nutricional (incluye contenido de sodio en panel nutricional)	• **Resolución RDC Nº 360 - Aprueba el Reglamento Técnico sobre Etiquetado Nutricional de los Alimentos Empaquetado, etiquetado nutricional obligatorio (2003)** • **Reglamento Técnico MERCOSUR para Rotulación de Alimentos Envasados, aprobado por resolución 26/03 del MERCOSUR (2006)** • **MERCOSUR/GMC/RES. N° 01/12 - Reglamento técnico MERCOSUR sobre información nutricional complementaria - declaraciones de propiedades nutricionales (2012)**

WHO "Best buys" to reduce unhealthy diet and Monitoring / OMS - Intervenciones "más costos eficaces" para reducir la alimentación poco saludable y Monitoreo

Reduce salt intake through / reducir el consumo de sal mediante:

1. ***Reformulation of food products – voluntary or mandatory targets / Reformulación de productos alimenticios – metas voluntarias u obligatorias***
   - **Acuerdo de cooperación técnica Ministerio de Salud y la Asociación Brasilera de Industrias de Alimentos, con el objetivo de reunir esfuerzos y trabajar conjuntamente para implementar acciones y fomentar estilos de vida saludables que incluye una alimentación saludable, equilibrada y nutricionalmente adecuada (2007)**
   - **ORDENANZA Nº 3092 de 4 de diciembre de 2007 - El establecimiento de grupo técnico con el fin de discutir y proponer acciones conjuntas que deben aplicarse para mejorar la oferta de la alimentación y la promoción de una alimentación saludable (2007)**
   - **Acuerdo social para la reducción de niveles de sodio, azúcar y grasas en alimentos (2007)**
   - **NOTA TÉCNICA - ACCIONES DEL GOBIERNO DE BRASIL sobre las grasas trans (2008)**
   - **Términos de compromiso firmado entre el Ministerio de Salud y la Asociación Brasilera de Industrias Alimentarias, Asociación Brasilera de pastas, Asociación Brasilera Industria del Trigo, Industria Panificación y confitería - Con el fin de establecer metas nacionales para la reducción del contenido de Sodio en alimentos procesados (abril 2011)**

- **Términos de compromiso firmado entre el Ministerio de Salud, Agencia Nacional de Vigilancia Sanitaria, y y la Asociación Brasilera de Industrias Alimentarias, Asociación Brasilera de pastas, Asociación Brasilera Industria del Trigo, Industria Panificación y confitería - Con el fin de establecer el monitoreo de la reducción del contenido de Sodio en alimentos procesados en Brasil (noviembre 2011)**
- **Términos de compromiso firmado entre el Ministerio de Salud y la Asociación Brasilera de Industrias Alimentarias, Asociación Brasilera de pastas, Asociación Brasilera Industria del Trigo, Industria Panificación y confitería - Con el fin de establecer metas nacionales para la reducción del contenido de Sodio en alimentos procesados (diciembre 2011)**
- **Términos de compromiso firmado entre el Ministerio de Salud y la Asociación Brasilera de Industrias Alimentarias - Con el fin de establecer metas nacionales para la reducción del contenido de Sodio en alimentos procesados (agosto 2012)**
- **Términos de compromiso firmado entre si y a la unión, por intermedio del Ministerio de Salud, la Asociación Brasilera de Industrias Alimentarias , Asociación Brasilera de Industria de Quesos, Asociación Brasilera de la industria productora y exportadora de carne de cerdo, Sindicato de industria de carnes y derivados, Unión de Avicultura - Con el fin de dar continuidad al establecimiento de metas nacionales para la reducción del contenido de Sodio en alimentos procesados en Brasil (Noviembre 2013)**
- **Portal web Brasil - Promoción de la Salud y la Alimentación adecuada y saludable - Reducción de sodio, azúcar y ácidos grasos trans (2017)**

2. ***Establishment of a supportive environment in public institutions / Creación de un entorno propicio en instituciones públicas***
   - **Manual de comedores escolares - Promoviendo la alimentación saludable (2010)**
   - **Resolución / CD / FNDE nº 26, de 17 de junio de 2013 - Dispone sobre la atención de la alimentación escolar a los alumnos de la educación básica en el ámbito del Programa Nacional de Alimentación Escolar – PNAE (2013)**
   - **Portal Brasil - Manual de comedores escolares estimula loncheras saludables (2015)**
   - **ORDENANZA Nº 1.274 del 7 de Julio del 2016 - Dispone sobre las acciones de Promoción de la Alimentación Adecuada y Saludable en los Ambientes de Trabajo (2016)**

3. ***Behavior change communication and mass media campaign (educational materials also included) / Campañas en los medios de comunicación que inste a un cambio de comportamiento (también se incluye materiales educativos)***
   - **Guía Alimentaria - Como tener una alimentación saludable**
   - **Guía Alimentaria para la población brasilera (2014)**
   - **Portal de Salud Brasil - Aprende a sustituir la sal por especias frescas y saludables (2015)**
   - **Portal de Salud Brasil - Promoción de la Salud y la Alimentación Adecuada y Saludable - Reducción de sodio, azúcar y ácidos grasos trans (2017)**
   - **Portal de Salud Brasil - Yo quiero alimentarme mejor**

4. ***Implementation of front-of-pack labelling / Implementación del etiquetado en la parte frontal de los envases***

5. ***Monitoring / Monitoreo***

   a. **Population salt/sodium intake / Ingesta de sal/sodio de la población**
      - **Encuesta de Presupuestos Familiares 2008-2009 (2011)**
      - **Encuesta Nacional de Salud 2013 (2014)**

   b. **Consumer knowledge, attitude and behavior / Conocimiento, actitud y comportamiento del consumidor**
      - **VIGITEL BRASIL 2007 - Vigilancia de Factores de Riesgo y Protección de Enfermedades Crónicas por consulta telefónica (2009)**
      - **Encuesta Nacional de Salud 2013 (2014)**
      - **VIGITEL BRASIL 2013 - Vigilancia de Factores de Riesgo y Protección de Enfermedades Crónicas por consulta telefónica (2014)**
      - **VIGITEL BRASIL 2015 – Vigilancia de Factores de Riesgo y Protección de Enfermedades Crónicas por consulta telefónica (2016)**

   c. **Salt/sodium content in foods – Reformulation / Contenido de sal/sodio en alimentos - Reformulación**

- **Términos de compromiso firmado entre el Ministerio de Salud, Agencia Nacional de Vigilancia Sanitaria, y la Asociación Brasilera de Industrias Alimentarias, Asociación Brasilera de pastas, Asociación Brasilera Industria del Trigo, Industria Panificación y confitería - Con el fin de establecer el monitoreo de la reducción del contenido de Sodio en alimentos procesados en Brasil (2011)**
- **Resumen: El contenido de sodio en los alimentos procesados - ANVISA (2012)**
- **Encuesta Nacional de salud escolar 2012 (2013)**
- **Monitoreo Plan de Reducción de Sodio - Los fideos instantáneos, el pan de molde y Bisnaguinha (2013-2014)**
- **Monitoreo Plan de Reducción de Sodio Tortas, "snacks", mayonesa y galletas (2013-2014)**
- **Monitoreo Plan de Reducción de Sodio Productos de cereales, margarina, caldos y especias (2015)**
- **Monitoreo del Plan de Reducción del Sodio en Alimentos procesados, productos lácteos, comidas listas (sopas) y productos cárnicos**
- **Portal Agencia Nacional de Vigilancia Sanitaria (ANVISA) - Resumen: El contenido de sodio en los alimentos procesados (2016)**
- **Portal web Brasil - Promoción de la Salud y la Alimentación adecuada y saludable - Reducción de sodio, azúcar y ácidos grasos trans (2017)**
- **Sodium reduction in processed foods in Brazil: Analysis of food categories and voluntary targets from 2011 to 2017 (2017)**

*** Data were validated by government officials / Los datos fueron validados por funcionarios del gobierno.**

COSTA RICA*	
Government policies / Políticas gubernamentales	
Public Health Policy / Política de Salud Pública	• **Plan Nacional de Ciencia y Tecnología en Salud 2012-2016 (2012)** • **Política Nacional de Salud (2015)** • **Plan Nacional de Salud 2016-2020 (2016)**
NCDs policy / Política de ENTs	• **Guías para la detección, diagnóstico y tratamiento de la Hipertensión arterial en el primer nivel de atención (2002)** • **Estrategia Nacional - Abordaje integral de las enfermedades crónicas no transmisibles y obesidad 2013-2021 (2014)** • **Vigilancia de los factores de riesgo cardiovascular (2014)** • **Guía para la prevención de las enfermedades cardiovasculares (2015)**
Overweight and obesity prevention policy / Política de prevención del sobrepeso y obesidad	• **Estrategia para la prevención del sobrepeso y obesidad en la niñez y adolescencia en Centroamérica y República Dominicana 2014-2025 (2014)** **Nota: Estrategia Regional**
Food and Nutrition security policy / Política de seguridad alimentaria y nutricional	• **Política de Seguridad Alimentaria y Nutricional de Centroamérica y República Dominicana 2012-2032 (2013)** • **Costa Rica – Plan Nacional de Seguridad Alimentaria y Nutricional 2011-2015 (2011)**
Specific policy for the reduction of salt/sodium intake / Política específica para la reducción de la ingesta de sal/sodio	• **Plan Nacional para la reducción del consumo de sal/sodio en la población de Costa Rica 2011-2021 (OPS-INCIENSA-Ministerio de Salud Costa Rica) (2011)**

- Estrategia Regional para la reducción del consumo de sal y sodio en Centramerica y Republica Dominicana (2019)

Legislation / Regulation / Legislación / Regulación

Taxes to high sodium foods / Impuestos a los alimentos altos en sodio

Regulation on marketing of foods high in salt to children / Regulación de la publicidad de alimentos altos en sodio para niños

- Estrategia Nacional - Abordaje integral de las enfermedades crónicas no transmisibles y obesidad 2014-2021 (2014)
- Estrategia para la prevención del sobrepeso y obesidad en la niñez y adolescencia en Centroamérica y República Dominicana 2014-2025 (2014)

Nota: Esta politica contempla la medida, pero no se encontro evidencia de su implementación.

Nutritional labelling (include sodium content on nutritional panel) / Etiquetado nutricional (incluye contenido de sodio en panel nutricional)

- Directrices sobre etiquetado nutricional (1985)
- RTCR: 135:2002 Etiquetado nutricional de los alimentos preenvasados (2002)
- Reglamento técnico centroamericano RTCA 67.01.60:10 Etiquetado nutricional productos alimenticios preenvasados para consumo humano para la población a partir de 3 años (2011)

Nota: Declaración de nutrientes críticos (ej. sodio) no es mandatorio.

WHO "Best buys" to reduce unhealthy diet and Monitoring / OMS - Intervenciones "más costos eficaces" para reducir la alimentación poco saludable y Monitoreo

Reduce salt intake through / reducir el consumo de sal mediante:

1. Reformulation of food products – voluntary or mandatory targets / Reformulación de productos alimenticios – metas voluntarias u obligatorias

- **Plan Nacional para la reducción del consumo de sal/sodio en la población de Costa Rica 2011-2021 (OPS-INCIENSA-Ministerio de Salud Costa Rica) (2011)**
- **Costa Rica – Plan Nacional de Seguridad Alimentaria y Nutricional 2011-2015 (2011)**
- **Estrategia Nacional - Abordaje integral de las enfermedades crónicas no transmisibles y obesidad 2013-2021 (2014)**
- **Alianza Publico-Privada – Ministerio de Salud y Asociación Cámara Costarricense de la Industria Alimentaria (CACIA) para implementar acciones y fomentar estilos de vida saludable, asociados particularmente al sodio, que incluyen una alimentación saludable y equilibrada, nutricionalmente adecuada (2016)**
- **Ministerio de Salud y Cámara Costarricense de la Industria Alimentaria (CACIA) firman alianza para reducción de sodio en alimentos - Comunicado de prensa (2016)**

2. ***Establishment of a supportive environment in public institutions / Creación de un entorno propicio en instituciones públicas***
   - **Decreto Ejecutivo 36910 - Reglamento para el funcionamiento y administración del servicio de soda en los centros educativos públicos (2011)**

3. ***Behavior change communication and mass media campaign (educational materials also included) / Campañas en los medios de comunicación que inste a un cambio de comportamiento (también se incluye materiales educativos)***
   - **Guías alimentarias para Costa Rica (2011)**
   - **Campaña: Programa para la reducción del consumo sal/sodio en Costa Rica - "Pura Vida con menos sal!"**
   - **Semana Nacional de la Nutrición 2015**
   - **Costa Rica consume mas del doble de la sal recomendada – Ministerio de Salud Costa Rica**

4. ***Implementation of front-of-pack labelling / Implementación del etiquetado en la parte frontal de los envases***

5. ***Monitoring / Monitoreo***

a. **Population salt/sodium intake / Ingesta de sal/sodio de la población**
   - Baseline and estimates trends of sodium availability and food sources in the Costa Rican population during 2004-2005 and 2012 and 2013 (2017)

b. **Consumer knowledge, attitude and behavior / Conocimiento, actitud y comportamiento del consumidor**
   - Conocimientos, percepciones y comportamientos relacionados con el consumo de sal, la salud y el etiquetado nutricional en Argentina, Costa Rica y Ecuador (2012)

c. **Salt/sodium content in foods – Reformulation / Contenido de sal/sodio en alimentos - Reformulación**
   - Avances en la reducción del consumo de sal y sodio en Costa Rica (2012)
   - An evaluation of the sodium content and compliance with the national sodium reduction targets among packaged foods sold in Costa Rica in 2015 and 2018 (2019)

*** Data were validated by government officials / Los datos fueron validados por funcionarios del gobierno.**

PARAGUAY*

Government policies / Políticas gubernamentales

NCDs policy / Política de ENTs	• Guía de prevención, detección, evaluación y tratamiento de los factores de riesgos cardiovasculares en la niñez y en la adolescencia (2012) • Guía para el manejo práctico de hipertensión arterial y enfermedades cardiovasculares – Adultos (2013) • Plan Nacional de acción para la prevención y el control de las enfermedades crónicas no transmisibles 2014-2024 (2014) • Ley N°5372/14, de prevencion y atencion integral a la diabetes - artículo 14 -(2014) • Consenso Paraguayo de Hipertensión Arterial (2015) • Estrategia Nacional para la prevención y el control de la obesidad 2015-2025 (2015) • Manual de manejo de enfermedades crónicas no transmisibles - desde atención primaria de salud (2015)
Overweight and obesity prevention policy / Política de prevención del sobrepeso y obesidad	• Estrategia Nacional para la Prevencion y el Control de la Obesidad 2015-2025 (2015)
Specific policy for the reduction of salt/sodium intake / Política específica para la reducción de la ingesta de sal/sodio	

Legislation / Regulation / Legislación / Regulación

Taxes to high sodium foods / Impuestos a los alimentos altos en sodio	

Regulation on marketing of foods high in salt to children / Regulación de la publicidad de alimentos altos en sodio para niños	• Ley N°5372/14, de prevencion y atencion integral a la diabetes - artículo 14 -(2014) **Nota: Esta politica contempla la medida, pero no se encontro evidencia de su implementación.**
Nutritional labelling (include sodium content on nutritional panel) / Etiquetado nutricional (incluye contenido de sodio en panel nutricional)	• **Reglamento Técnico MERCOSUR para Rotulación de Alimentos Envasados, aprobado por resolución 26/03 del MERCOSUR (2006)** • **MERCOSUR/GMC/RES. N° 01/12 - Reglamento técnico MERCOSUR sobre información nutricional complementaria - declaraciones de propiedades nutricionales - (2012)**

WHO "Best buys" to reduce unhealthy diet and Monitoring /
OMS - Intervenciones "más costos eficaces" para reducir la alimentación poco saludable y Monitoreo

Reduce salt intake through / reducir el consumo de sal mediante:

1. ***Reformulation of food products – voluntary or mandatory targets / Reformulación de productos alimenticios – metas voluntarias u obligatorias***
   - **Resolución Ministerial No. 248/2013 - Por la cual se reglamenta el contenido de sal (cloruro de sodio) en productos panificados de consumo masivo (2013)**
   - **Resolución Ministerial No. 792/2015 - Por la cual se reglamenta el contenido de sal (cloruro de sodio) en productos panificados de consumo masivo (2015)**

2. ***Establishment of a supportive environment in public institutions / Creación de un entorno propicio en instituciones públicas***
   - Ordenanza municipal de retiro de salero en restaurantes y servicios gastronómicos. Consumo responsable de sal dentro de iniciativa ambiente laboral con estilo de vida saludable (2018)

3. ***Behavior change communication and mass media campaign (educational materials also included) / Campañas en los medios de comunicación que inste a un cambio de comportamiento (también se incluye materiales educativos)***

- **Resolución Ministerial No. 270 / 2003 - Por la cual se aprueban las "Guías alimentarias del Paraguay", "Guías alimentarias para las niñas y niños menores de dos años del Paraguay" y los documentos técnicos No. 1, No. 2 y No. 3 que fundamentan dichas guías, así como los materiales de apoyo (cartilla, tríptico y afiche) y se los declara de interés para la salud pública (2003)**
- **Guías Alimentarias del Paraguay (2015)**
- **Manual de la familia saludable (2016)**

Campañas/ material gráfico:

- **Programa Nacional de Prevención Cardiovascular**
- **¡Menos sal más salud! Corazones saludables**
- **Adopta un estilo de vida saludable**
- **Se puede prevenir la obesidad – Adultos**
- **Obesidad niños - Consejos para la salud**
- **Guías alimentarias del Paraguay - Tríptico educativo (2015)**
- **Guías alimentarias del Paraguay – Afiche (2015)**
- **29 de febrero: Seminario virtual "Cuidado con la sal oculta" (2016)**
- **"Menos Sal, Más Salud - Paraguay" (2018) – Social media. Campaña anual de la semana Mundial de sensibilización del consumo de sal (2016.2017.2018)**
- **Reduccion consumo de sal – Ministerio de Salud**

4. ***Implementation of front-of-pack labelling / Implementación del etiquetado en la parte frontal de los envases***

5. ***Monitoring / Monitoreo***

a. **Population salt/sodium intake / Ingesta de sal/sodio de la población**
   - **Patrones de excreción urinaria de Sodio en población adulta en muestras de orina espontánea (2017)**

b. **Consumer knowledge, attitude and behavior / Conocimiento, actitud y comportamiento del consumidor**
   - **Muertes atribuibles a factores de riesgo, hipertensión arterial en el Paraguay (2011)**

- **Primera encuesta nacional de factores de riesgo para enfermedades no transmisibles en población indígena (2011)**
- **Primera encuesta nacional de factores de riesgo de enfermedades no transmisibles (2012)**
- **Análisis de la situación de las enfermedades crónicas no transmisibles (2014)**

c. **Salt/sodium content in foods – Reformulation / Contenido de sal/sodio en alimentos - Reformulación**

- **Estrategia de reducción de contenido de sal en panificados de consumo masivo**
- **Contenido de sodio en productos panificados de consumo masivo (2014)**

*** Data were validated by government officials / Los datos fueron validados por funcionarios del gobierno.**

PERÚ*

Government policies / Políticas gubernamentales

NCDs policy / Política de ENTs	• Ley N° 30021 - Ley de Promoción de la Alimentación Saludable para los niños, niñas y Adolescentes (2013) • Resolución Ministerial N 162-2015-MINSA: Documento técnico: Consulta Nutricional para la prevención y control de la diabetes mellitus tipo 2 de la persona joven, adulta, y adulta mayor (2015) • Resolución Ministerial N 031-2015/MINSA, que aprueba guía técnica: Guía de Práctica Clínica para el Diagnóstico, Tratamiento y Control de Enfermedad Hipertensiva (2015) • Resolución Ministerial N 229-2016-MINSA: Documento técnico: "Lineamientos de políticas y estrategias para la prevención y control de enfermedades no transmisibles (ENT) 2016- 2020" (2016) • Resolución Ministerial N 039-2017-MINSA, que aprueba la Guia Tecnica: “Guia de practica Clinica para el Dianostico, Manejo y Control de Dislipidemia, Complicaciones Renales y Oculares en Personas con Diabetes Mellitus Tipo 2” (2017) • Resolución Ministerial N 1120-2017-MINSA, que aprueba la “Guía Técnica para la Identificación, Tamizaje y Manejo de Factores de Riesgo Cardiovasculares y de Diabetes Mellitus Tipo 2" (2017)
Specific policy for the reduction of salt/sodium intake / Política específica para la reducción de la ingesta de sal/sodio	

Legislation / Regulation / Legislación / Regulación

Taxes to high sodium foods / Impuestos a los alimentos altos en sodio	
Regulation on marketing of foods high in salt to children / Regulación de la publicidad de alimentos altos en sodio para niños	• **Ley N° 30021 - Ley de Promoción de la Alimentación Saludable para los niños, niñas y Adolescentes (2013)** • **Decreto supremo N° 017-2017-SA - Aprueba el Reglamento de la Ley N 30021, Ley de Promoción de la Alimentación Saludable (2017)** • **Resolucion Ministerial No195-2019/MINSA. Documento técnico: lineamientos para la promoción y protección de la alimentación saludable en las instituciones educativas publicas y privadas de la educación básica (2019)**
Nutritional labelling (include sodium content on nutritional panel) / Etiquetado nutricional (incluye contenido de sodio en panel nutricional)	

WHO "Best buys" to reduce unhealthy diet and Monitoring / OMS - Intervenciones "más costos eficaces" para reducir la alimentación poco saludable y Monitoreo

Reduce salt intake through / reducir el consumo de sal mediante:

1. ***Reformulation of food products – voluntary or mandatory targets / Reformulación de productos alimenticios – metas voluntarias u obligatorias***

2. ***Establishment of a supportive environment in public institutions / Creación de un entorno propicio en instituciones públicas***
   - **Ley N° 30021 - Ley de Promoción de la Alimentación Saludable para los niños, niñas y Adolescentes (2013)**

- **Resolución Ministerial 524-2016/MINSA. Proyecto de Reglamento de Ley N° 30021, Ley de Promoción de la Alimentación Saludable para los niños, niñas y Adolescentes (2016)**
- **Decreto supremo N° 017-2017-SA - Aprueba el Reglamento de la Ley N 30021, Ley de Promoción de la Alimentación Saludable (2017)**
- **Resolucion Ministerial No195-2019/MINSA. Documento técnico: lineamientos para la promoción y protección de la alimentación saludable en las instituciones educativas publicas y privadas de la educación básica (2019)**

3. ***Behavior change communication and mass media campaign (educational materials also included) / Campañas en los medios de comunicación que inste a un cambio de comportamiento (también se incluye materiales educativos)***
   - **Más Vida - Suplemento de Salud – A vivir mejor comiendo sano (2014)**
   - **Manteniendo tu peso adecuado y consumiendo menos sal previenes la hipertensión arterial – Feria informativa por la semana contra la Hipertensión (2015)**
   - **Se alerta sobre alto contenido de sodio en productos industrializados presentes en la lonchera escolar - Portal Ministerio de Salud (2016)**
   - **75% de sodio en exceso proviene de productos envasados y servidos en restaurantes - Portal Ministerio de Salud (2016)**
   - **Lee las etiquetas, el sodio se puede encontrar en los alimentos industrializados con las siguientes denominaciones: Citrato de sodio, alginato de sodio, sulfito de sodio, bicarbonato de sodio, entro otros - Portal Ministerio de Salud (2016)**
   - **Minsa recomienda una alimentación baja en sal para controlar niveles de hipertensión arterial - Portal Ministerio de Salud (2016)**
   - **Minsa recomienda a personas hipertensas reducir el consumo de sal - Portal Ministerio de Salud (2017)**
   - **Minsa: Diagnóstico precoz es clave para reducir complicaciones por hipertensión Se realizó campaña gratuita de despistaje en Independencia por el Día Mundial de la Hipertensión - Portal Ministerio de Salud (2017)**
   - **Semana de Oro de las ENTs (2017)**
   - **Mide tu presión y ayuda a tu corazón (2017)**
   - **Cuidado con el exceso de sodio – Ministerio de Salud (en las noticias) 2017**

- **Desarrollo de Guías alimentarias para la población peruana (AVANCES) - Trabajo intersectorial entre el MINSA, MINEDU, MINAGRI, Colegios profesionales, Universidades, Sociedades e Institutos de Investigación (2017)**
- **Guías Alimentarias para la Población Peruana (2019)**

4. ***Implementation of front-of-pack labelling / Implementación del etiquetado en la parte frontal de los envases***
   - **Decreto supremo N° 017-2017-SA - Aprueba el Reglamento de la Ley N 30021, Ley de Promoción de la Alimentación Saludable (2017)**
   - **Decreto Supremo No 012-2018-SA – Aprueban manual de advertencias publicitarias en el marco de lo establecido en la Ley N 30021, Ley de Promocion de la Alimentacion Saludable (2018)**

5. ***Monitoring / Monitoreo***

   a. **Population salt/sodium intake / Ingesta de sal/sodio de la población**

   b. **Consumer knowledge, attitude and behavior / Conocimiento, actitud y comportamiento del consumidor**
      - **Encuesta Nacional de Indicadores Nutricionales, Bioquímicos, Socioeconómicos y Culturales Relacionados con las Enfermedades Crónicas Degenerativas - Ministerio de Salud (2006)**

   c. **Salt/sodium content in foods – Reformulation / Contenido de sal/sodio en alimentos - Reformulación**

*** Data were validated by government officials / Los datos fueron validados por funcionarios del gobierno.**