
The Brazilian Food Industry Association (Abia) is pleased to submit its comments to the WHO Independent High-level Commission on Non-communicable Diseases (HLC).

The Brazilian food industry is also concerned about the rising obesity rates, mainly among children. We also would like to congratulate WHO’s efforts in this area and the awareness that solutions require a whole-of-society approach that includes all relevant stakeholders, including the private sector.

ABIA represents over 70% of the processed, pre-packaged food sector in Brazil, accounting for nearly 60% of demand for the country’s agricultural production and 1.6 million jobs. We appreciate the recognition in the HLC Draft First Report the private sector as a strategic partner in finding solutions to this complex and multifactorial issue.

Our commitments to prevent and treat NCDs
We’d like to present the importance, feasibility and efficiency of voluntary initiatives that Abia and its members had started in partnership with the Brazilian Government.

In order to develop a National Plan for Healthy Living that includes healthy eating, physical activity and nutritional education, a Technical Cooperation Agreement between the Ministry of Health of Brazil and ABIA was signed on November 29, 2007. In June of last year, this Agreement was renewed until 2022.

Recommendations
Prioritization

Abia wishes to express its appreciation for recommendation 1 (a) 2): Reducing sodium and eliminating artificial transfat.
In 2008, ABIA attended the Pan American Health Organization/World Health Organization's International Conference on Trans Fatty Acids, whose goal it was to identify mechanisms that accelerate the process of eliminating transfat in the Americas. ABIA joined as a signatory the "Trans Fat Free Americas" document that resulted from the conference, which establishes, among other recommendations, target values of transfat in processed foods, oils and margarines. As a result of the efforts made by Brazilian industry, approximately 310,000 tons of transfat were eliminated in this process (until 2016).

Regarding sodium reduction, according to a study entitled *Sodium Consumption Scenario in Brazil* conducted by ABIA and based on data by the Brazilian Institute of Geography and Statistics (IBGE), most of the large sodium intake in Brazil is due to table salt, which represents 59.7% of food consumed in households, 11.8% of food eaten out of home, and 4.7% of fresh food, totaling 76.2% of the sodium consumed by Brazilians.

Despite being responsible for only 23.8% of the sodium consumed by Brazilians, the food industry has entered into four agreements with the Ministry of Health to voluntarily reduce sodium in 35 food categories.

The agreements support the strategy developed by the Brazilian government to reduce salt consumption to less than 5 g salt (2 mg sodium) per person per day by 2020, by reducing the sodium content of priority categories of prepared and processed foods, according to WHO’s goal.

The initiative by the Brazilian industry has already yielded positive results and has become an innovative action model in Latin America to reduce salt in processed foods. Taking into account the results of the four agreements that already have been monitored, results show that 17,254 tons of sodium have been removed from processed foods (until 2017).

Abia have also started a voluntary process for the reduction of sugar in industrialized foods, which should be started soon, following the successful experience in reducing sodium.

Monitoring performed to date shows in what extent industry is committed to population health. They also demonstrate the efficiency of public-private
partnerships for voluntarily reformulation and innovate products in line with public health goals.

The private sector
Abia strongly welcomes Recommendation 2: Increase engagement with the private sector. As the Draft HLC Report notes, “to influence health outcomes, stakeholders outside traditional health sectors must be brought together and engaged” (paragraph 36).

Abia recognizes that responsible marketing practices are very important and recommends that industries follow WHO recommendations on marketing food and non-alcoholic beverages to children. We also defend self-regulatory approaches as important and effective, and Brazil has an old and successful experience in the subject.

Regarding regulatory actions aimed at advertising of products to children and adolescents, we should not forget that advertising aimed at children has already been regulated in Brazil. The protection of the individual and the family in terms of their exposure to electronic media programs is supported by the Federal Constitution. Brazil also features the Child and Adolescent Statute, the Consumer Protection Coce, and the Brazilian Code of Self-Regulation in Advertising, which are applied to curb abusive and misleading advertising.

About the Recommendation 2 b) and c), we believe that this terminology in conjunction with the language in paragraph 39 referring to food and beverage products with a high content of fat, sugar or salt, leads to a possible understanding that such products are “health-harming”. While high-fat, sugar and salt products should be consumed in a balanced manner, it would not be appropriate to classify such products as “health-harming”, presumably in the same category as tobacco products or alcohol beverages.