REDUCING SALT SAVES LIVES

DEVELOPING EFFECTIVE PROGRAMMES TO REDUCE POPULATION SALT INTAKE IN THE WESTERN PACIFIC REGION
Eating too much salt is bad for health. Salt increases blood pressure. Raised blood pressure is one of the biggest contributors to premature death (before the age of 70) and illness from cardiovascular diseases. Reducing salt intake has been identified as one of the most cost-effective interventions to reduce the burden of noncommunicable diseases (NCDs).

Significant numbers of stroke and heart disease events and deaths can be averted at a relatively low cost. In recognition of this, the World Health Organization (WHO) has been promoting salt reduction for over a decade. WHO recommends a reduction in sodium intake to less than 2 grams per day (5g per day of salt) for adults. The WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020) also includes a target for all Member States to reduce salt intake by 30% by 2025.

In parallel with these global recommendations, there has been considerable progress in developing and implementing programmes to reduce population salt intake. The number of national salt reduction programmes more than doubled from 32 in 2010 to 75 in 2014. While the majority of the programmes are in Europe, there are now programmes in all WHO regions and there has been a substantial increase in the number of programmes in the Western Pacific Region. While this is encouraging, further action is urgently needed to strengthen programmes that are in early stages of implementation. All countries are encouraged to initiate a salt reduction programme.
This leaflet outlines a framework and steps for developing a salt reduction strategy and provides an overview of key actions to reduce population salt intake. It is intended for national agencies responsible for salt reduction as part of a programme to achieve the global and regional NCD targets. This leaflet should be used in conjunction with WHO’s SALT Toolkit.12

The main steps in the SALT Toolkit are:

1. **Strategy development**: establishing what you are going to do and how you are going to do it.

2. **Actions to reduce salt intake**:
   - Measure and monitor salt consumption patterns;
   - Industry reformulation of foods and beverages to contain less sodium;
   - Nutrition labelling to highlight the salt content in foods, menus and outlets;
   - Empower the public for behaviour change; and
   - Support settings (schools, hospitals and workplaces) to promote healthy eating.

3. **Linking with iodine deficiency programmes**.

4. **Tracking progress**: monitoring, evaluation and research.

Salt and sodium – while excess sodium intake is linked to adverse health outcomes, the sodium ingested by humans is almost entirely consumed as salt (sodium chloride). This may be salt added by the food industry during preparation of commercial products or by the consumer during cooking or at the table. The term “salt” is used throughout this document because it is widely understood and usually interchangeable with the term sodium.

Formula for salt and sodium conversion:

- To convert from mmol (sodium) to grams (salt) divide by 17
- To convert from grams sodium (Na) to grams salt (NaCl) multiply by 2.542
STEP 1 | **Strategy development**

A clear strategy is key to the success of any salt reduction programme, including established programme leadership and governance structures, explicit targets and objectives, and a well thought out implementation plan supported by adequate financing.

The implementation plan should be informed by measuring and monitoring salt consumption patterns. In short, you need to determine the significant sources of salt in a population’s diet (processed foods, foods and meals eaten out of the home, salt added during cooking or at the table) and then develop targeted approaches and actions to reduce salt in foods and meals and strategies to change consumer behaviour.

Steps to establish a salt reduction strategy:

**Advocate** to persuade decision makers to take action to reduce population salt intake. Prepare your materials and messages, arrange meetings with opinion leaders and influential groups and use the media to publicize the issue.

**Establish leadership and governance** mechanisms to guide programme implementation. The Health Minister and Departmental Head could lead the salt reduction programme, with support from other sectors and nongovernmental organizations. Establish an advisory group and clear mechanisms for reporting on progress.

**Involve stakeholders** in strategy development, implementation and evaluation to increase effectiveness.

**Establish targets and objectives** to work towards. Countries are encouraged to set a national target aligned to the global target for population intake of salt/sodium. Countries could also agree on more specific interim targets such as a 30–40% reduction of salt levels in processed foods, a 50% increase in the proportion of consumers that are taking action to reduce salt or programmes established in 80% of schools.

**Develop an implementation programme** to achieve these targets incorporating steps and actions outlined below.

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STEP 2 | **Actions to reduce salt intake**

**Action 1: Measure and monitor salt consumption patterns.**

Assess the current situation. Collect data on salt consumption patterns, including average population salt intake, the main sources of dietary salt, and consumer knowledge and behaviours relating to salt. Information on food and health programmes and stakeholder views about salt reduction can also be helpful. Salt consumption patterns can be measured through
population surveys and urine analysis. This information can be collected through established surveys such as the WHO STEPwise approach to NCD risk factor surveillance (STEPS) survey or through stand-alone surveys. Salt levels in foods can be assessed by collecting salt content information from food labels through shops surveys or through food analysis. Consideration needs to be given to sample size and recruitment, data analysis and statistics and ethical clearance. You may want to seek technical support to help you with this. Use survey data to inform your next actions. This data also provides a basis for comparison with subsequent acquired data to monitor impact.

**Action 2: Industry reformulation of foods and beverages to contain less sodium.**

Reduce the main sources of salt in the diet. The majority of salt intake comes from processed or packaged foods bought in shops or meals eaten out of the home, a priority action could be to reduce salt in processed foods and meals. The food industry can reduce salt in line with targets or standards which can be introduced on a voluntary or legislated basis. Countries can set targets that are challenging but achievable and monitor progress through company reports, regular shops surveys and/or food analysis. A lot of salt can be taken out of most products without any adverse impact on consumer acceptability. Alternatively, salt substitutes (usually containing potassium instead of sodium) can be used for some products. Food companies will need to undertake their own food safety and consumer acceptability testing when adapting their products.

**Action 3: Nutrition labelling to highlight the salt content in foods, menus and outlets.**

Ensure that the salt content of foods and meals is clearly labelled. Codex Alimentarius guidelines state that nutrient declarations, including sodium (which may be labelled as “salt equivalent”) should be included on all pre-packaged foods. Countries are encouraged to adapt mandatory nutrient declaration labelling. If nutrient declarations are already in use then countries may consider introducing front-of-pack labelling (or salt warnings for high salt foods), which can support product reformulation initiatives and provide clearer information to consumers. Similar initiatives such as menu board labelling can also be introduced in restaurants and fast food outlets to highlight the salt content of foods.
and monitor indicators so you can track changes in consumer knowledge and attitudes and adjust your strategy accordingly.

Action 5: Support settings (schools, hospitals and workplaces) to promote healthy eating.

Implement salt reduction activities in public institutional settings, such as schools, workplaces and hospitals. WHO’s Healthy Settings initiative involves holistic and multi-disciplinary actions, drawing on key principles of community participation, partnership, empowerment and equity. Likewise, salt reduction interventions can be applied within specific institutional and broader community contexts to improve salt-related disease outcomes and improve overall quality of life. School-based salt reduction programmes can have an impact beyond the classroom. Salt criteria can be integrated into nutrient standards for school meals. Leaflets and posters can supplement education through the curriculum and help to get the messages across to parents. Most adults now spend much of their time in the workplace. Salt criteria for meals can also be applied in workplaces alongside programmes to change consumer behaviour including menu labelling or information on the sodium content of specific products or foods. Such strategies can also be translated into other institutional settings such as hospitals, churches, retirement homes, early child care centres and correctional facilities or implemented through community projects.
STEP 3 Linking with iodine deficiency programmes

Iodine deficiency disorders are a global health problem that can affect brain development and result in other adverse health outcomes. As most programmes to prevent iodine deficiency do this through fortifying salt with iodine, steps need to be taken to synergize the two programmes. The current recommendation for salt iodization at 20–40mg/kg assumes a daily salt intake of 10g/day. However, as salt intake levels are reduced, iodine concentration levels can be increased to ensure that the reduction in salt does not adversely impact on iodine intake. Other key areas for integration include policy development, communication and advocacy, monitoring and surveillance and research.

STEP 4 Tracking progress

Implement transparent mechanisms to monitor progress against agreed indicators at regular (e.g. six-monthly) intervals to ensure that you are on track. Revise the strategy accordingly. Collect data on costs and benefits so that you can assess cost effectiveness. Identify areas where further research is required to support your salt reduction strategy.

CASE STUDY: Mongolian Government adopts national strategy to reduce salt following successful pilot initiatives in Ulaanbaatar City

In 2011, the Mongolian Ministry of Health and Sports initiated discussions to reduce population salt intake in Mongolia.

An intersectoral working group coordinated a stakeholder consultation, a series of meetings with government officials and food technologists, and visits to bread and processed meat factories. Assessment of baseline population salt consumption patterns revealed that the mean salt intake was 11g/day, more than double WHO’s 5g/day recommendation.

A series of pilot initiatives including factory workplace interventions, collaboration with the food industry to reduce salt in bread, and World Salt Awareness Week activities were implemented. The “Pinch Salt” intervention to reduce salt consumption of factory workers in Ulaanbaatar city between 2011 and 2013 resulted in a reduction in mean salt intake of 2.8g/day.

Significant reductions in salt levels in bread were achieved and the meat industry and mass catering services have since made commitments to future action. Key national stakeholders such as the National Public Health Institute, the Mongolian Food Association, and the media, participated in annual World Salt Awareness Week events.

The Mongolian Government has since adopted a national strategy with a target to reduce salt by 30% by 2025. The salt reduction strategy will be implemented from 2015 to 2025, with an interim review of progress in 2020.
REFERENCES


