

WHO global response to salt reduction strategies



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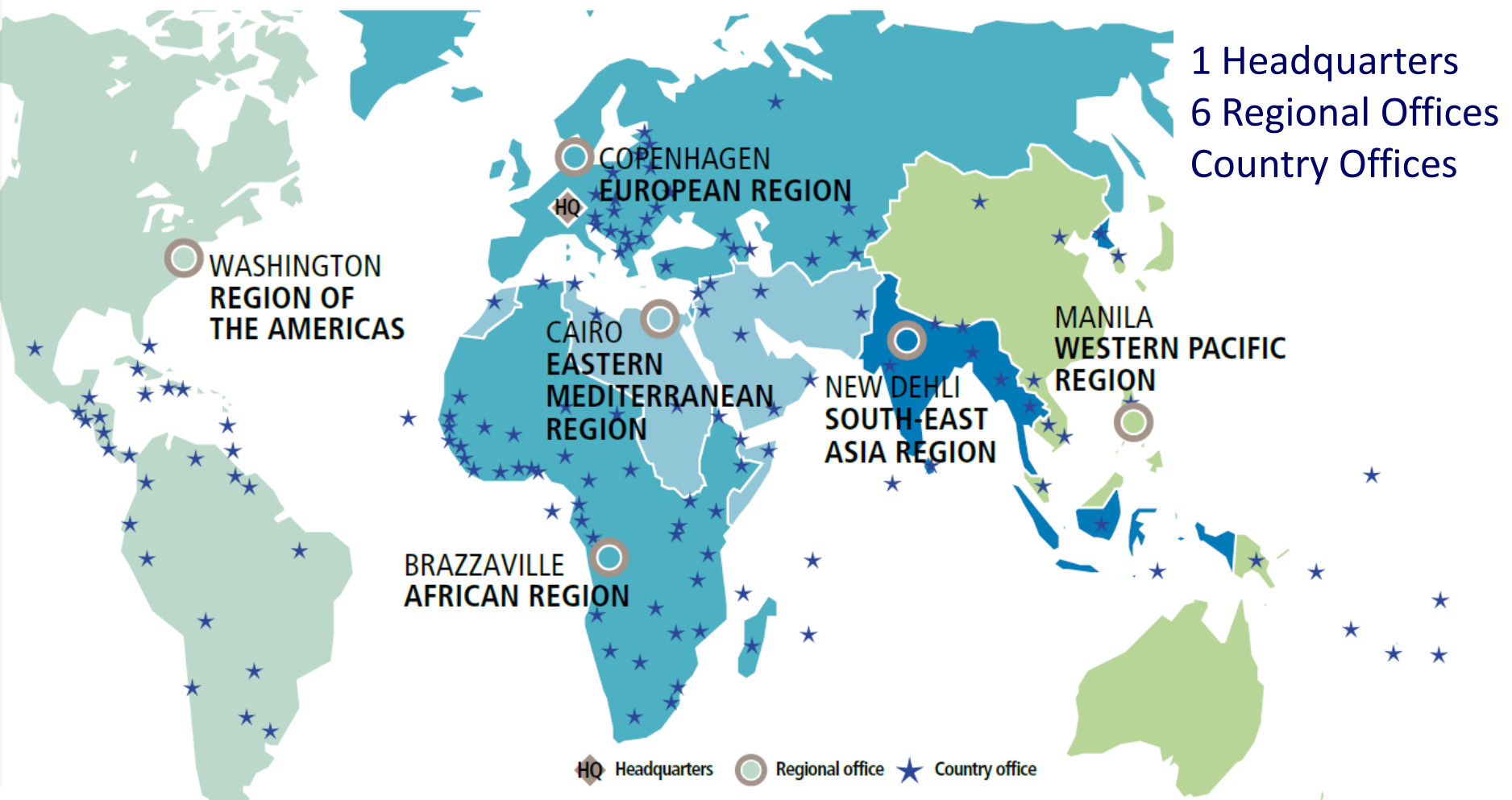
The World Health Organization (WHO)

- Specialized agency within the Charter of the United Nations (1948) with 194 Member States
- Governing bodies
 - World Health Assembly
 - Executive Board

WHO's objective:

Attainment by all peoples of the highest possible level of health

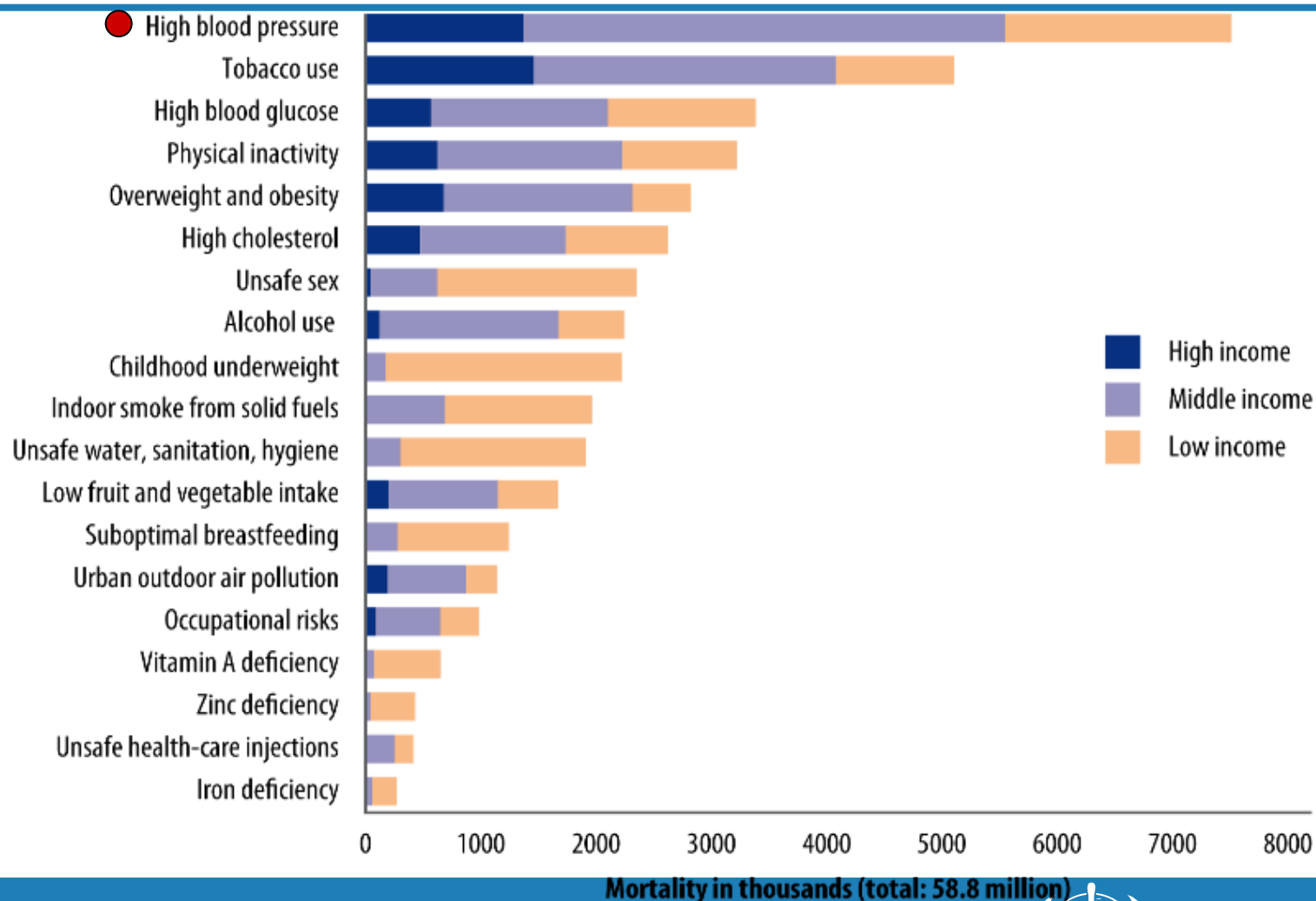
One WHO but decentralized structure



WHO is primarily responsible for:

- providing leadership on global health matters,
- shaping the health research agenda,
- setting norms and standards,
- articulating evidence-based policy options,
- providing technical support to countries and
- monitoring and assessing health trends

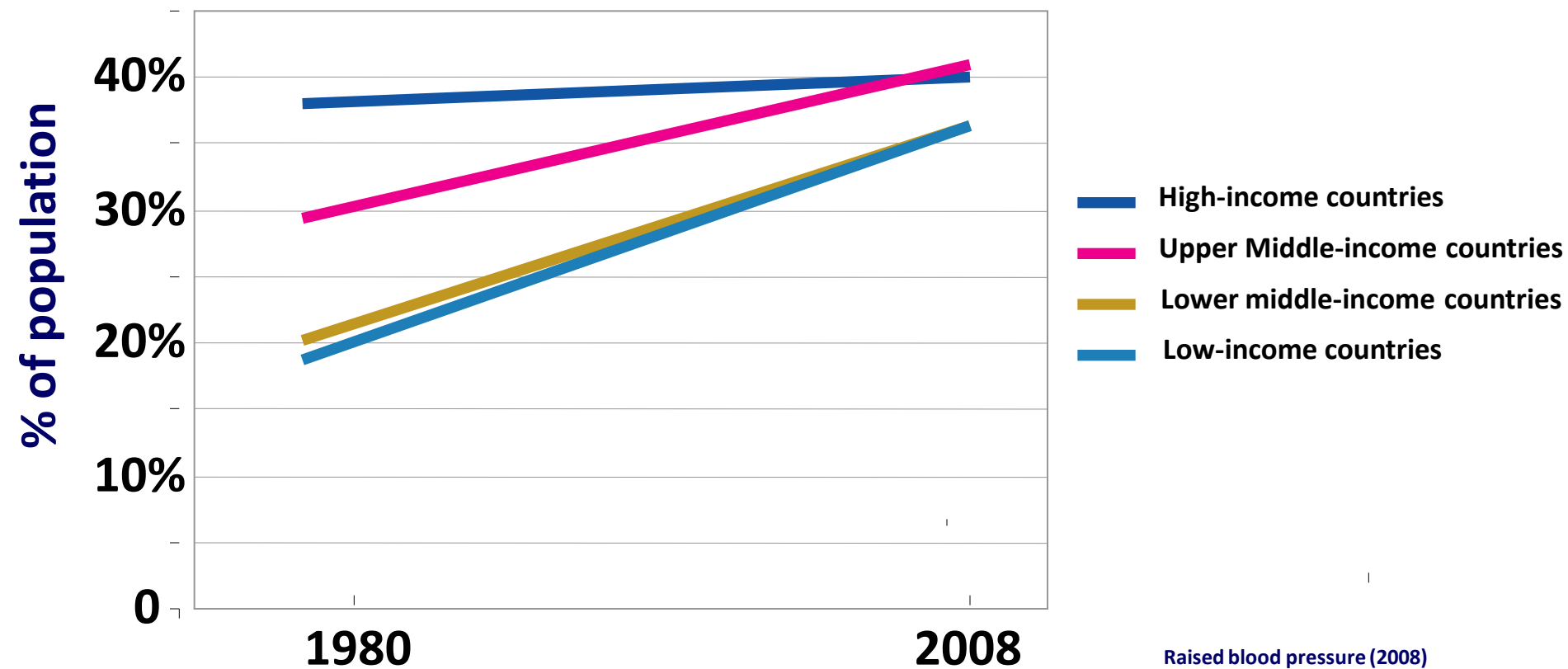
Leading risk factors for global mortality



Source: WHO's report on "Global health risks"

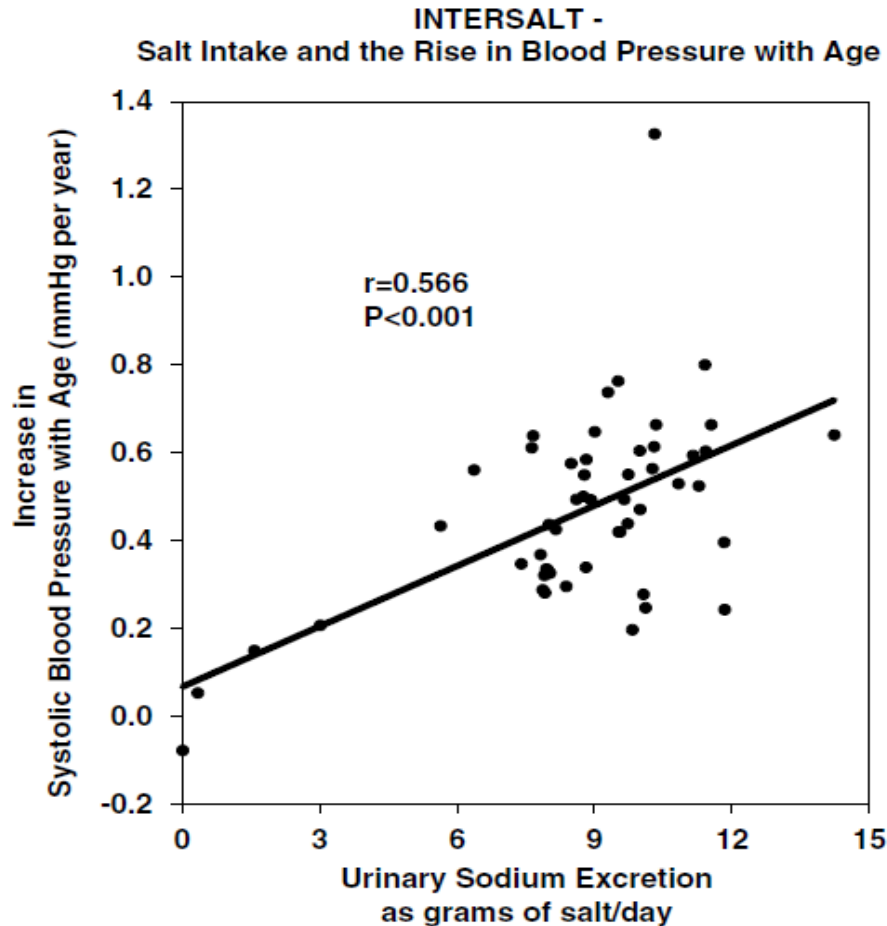
60% of global deaths due to NCDs

High blood pressure continues to go up



Raised blood pressure (2008)
Source: WHO NCD Country Profiles (2010)

Strong evidence for the link between salt and health

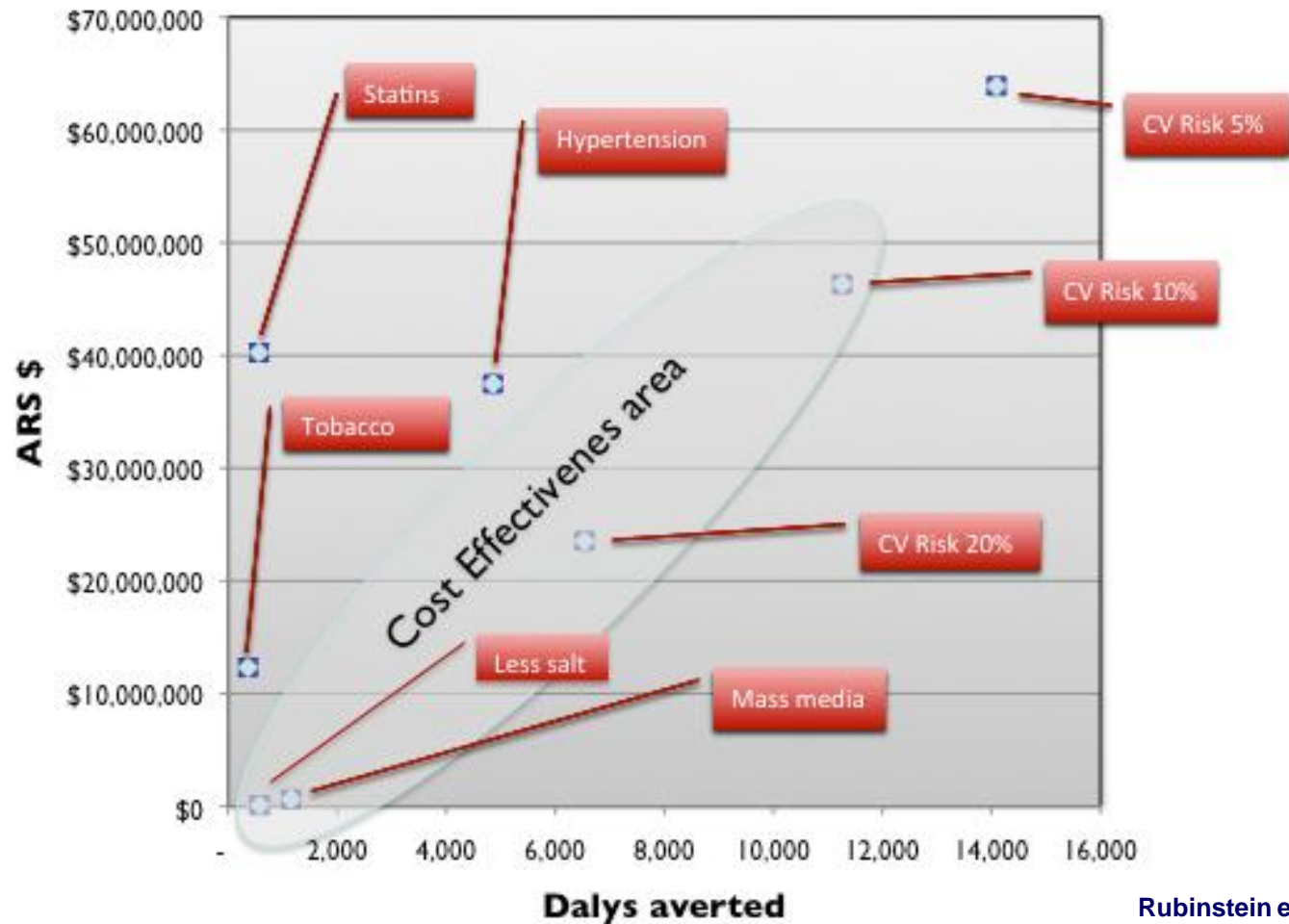


Primarily linked with CVD

- Sodium consumption increases BP
- BP increases CVD risk
- Age, sex and baseline BP specific effects

Source: He et al. J Human Hypertension, 2008

..... and it is cost effective



Rubinstein et al; BioMed Central Ltd 2009

.....and it is a Best Buy

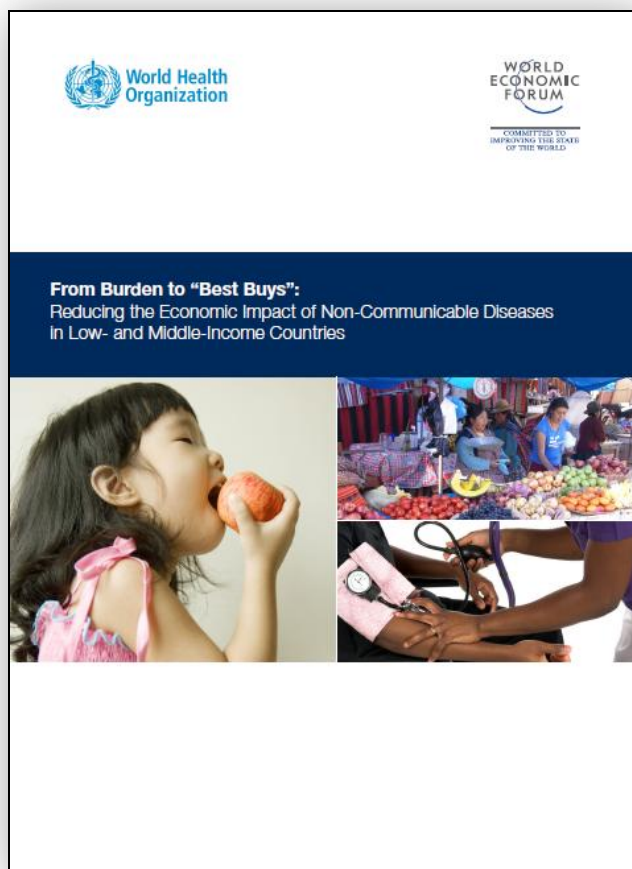


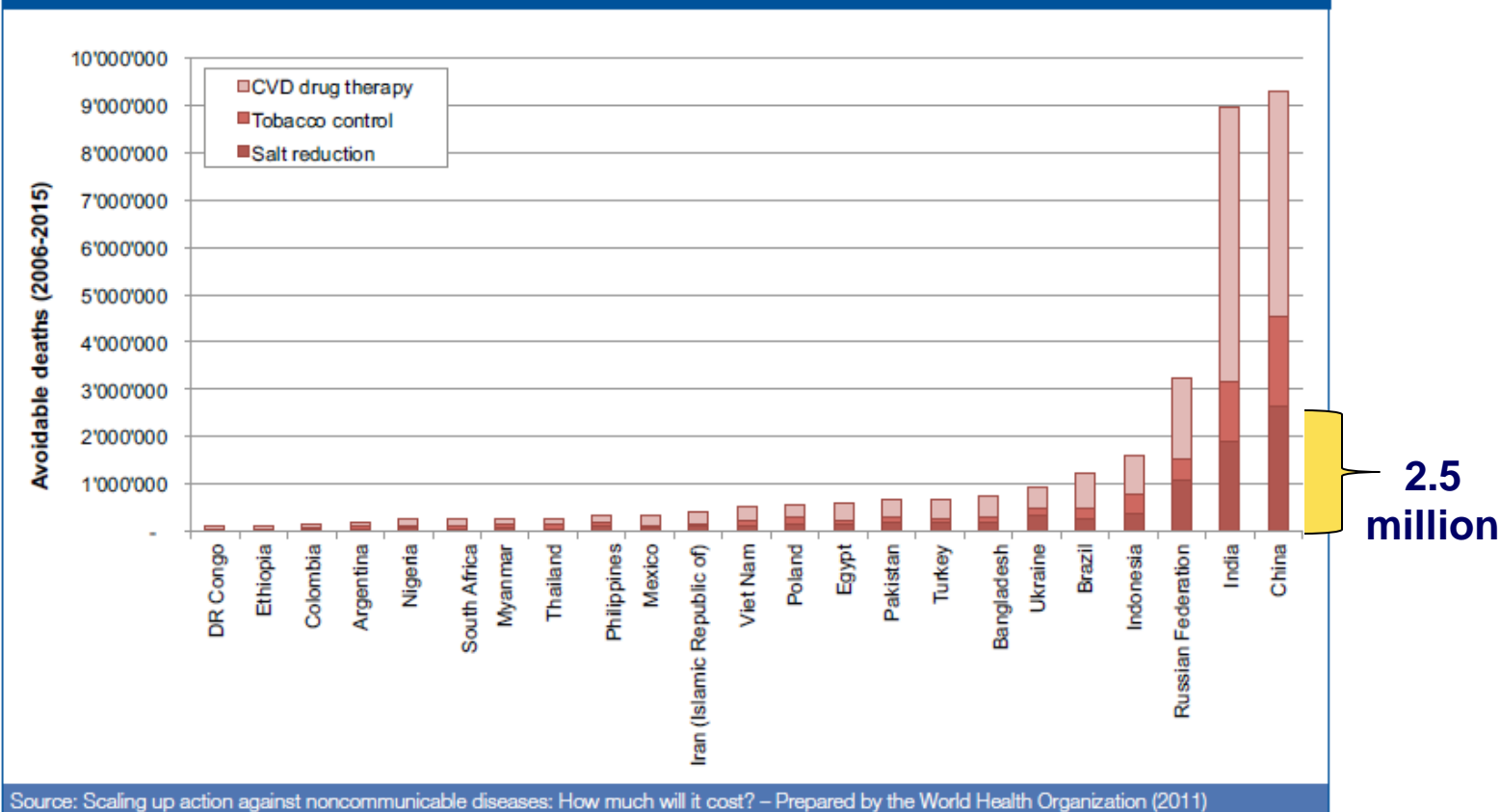
Table 2: “Best Buy” Interventions

Risk factor / disease	Interventions
Tobacco use	<ul style="list-style-type: none"> • Tax increases • Smoke-free indoor workplaces and public places • Health information and warnings • Bans on tobacco advertising, promotion and sponsorship
Harmful alcohol use	<ul style="list-style-type: none"> • Tax increases • Restricted access to retailed alcohol • Bans on alcohol advertising
Unhealthy diet and physical inactivity	<ul style="list-style-type: none"> • Reduced salt intake in food • Replacement of trans fat with polyunsaturated fat • Public awareness through mass media on diet and physical activity
Cardiovascular disease (CVD) and diabetes	<ul style="list-style-type: none"> • Counselling and multi-drug therapy for people with a high risk of developing heart attacks and strokes (including those with established CVD) • Treatment of heart attacks with aspirin
Cancer	<ul style="list-style-type: none"> • Hepatitis B immunization to prevent liver cancer (already scaled up) • Screening and treatment of pre-cancerous lesions to prevent cervical cancer

Reduce salt intake in food

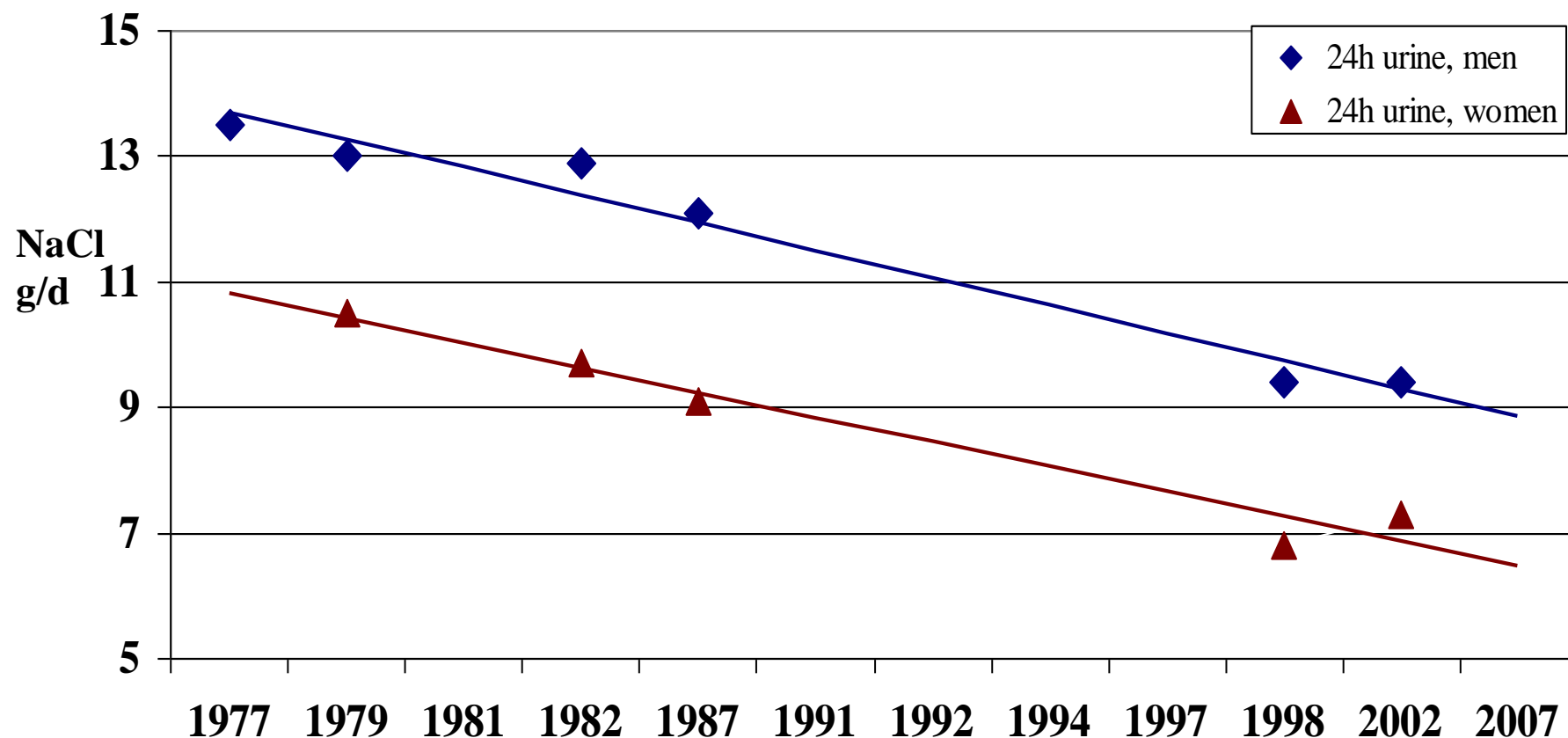
.....and it can save a lot of lives

Figure 5: Avoidable deaths from a scaled-up chronic disease intervention package in 23 low- and middle-income countries (2006-2015)



Successful Intervention programs

Salt intake in Finland 1977-2007



Source: National Public Health Institute, Helsinki, Finland

Successful Intervention Programs

United Kingdom

Look out for options lower in salt. salt.gov.uk



Work on 2 main areas:

1. Reformulation through working with all sectors of the food industry
2. Ongoing public awareness campaign



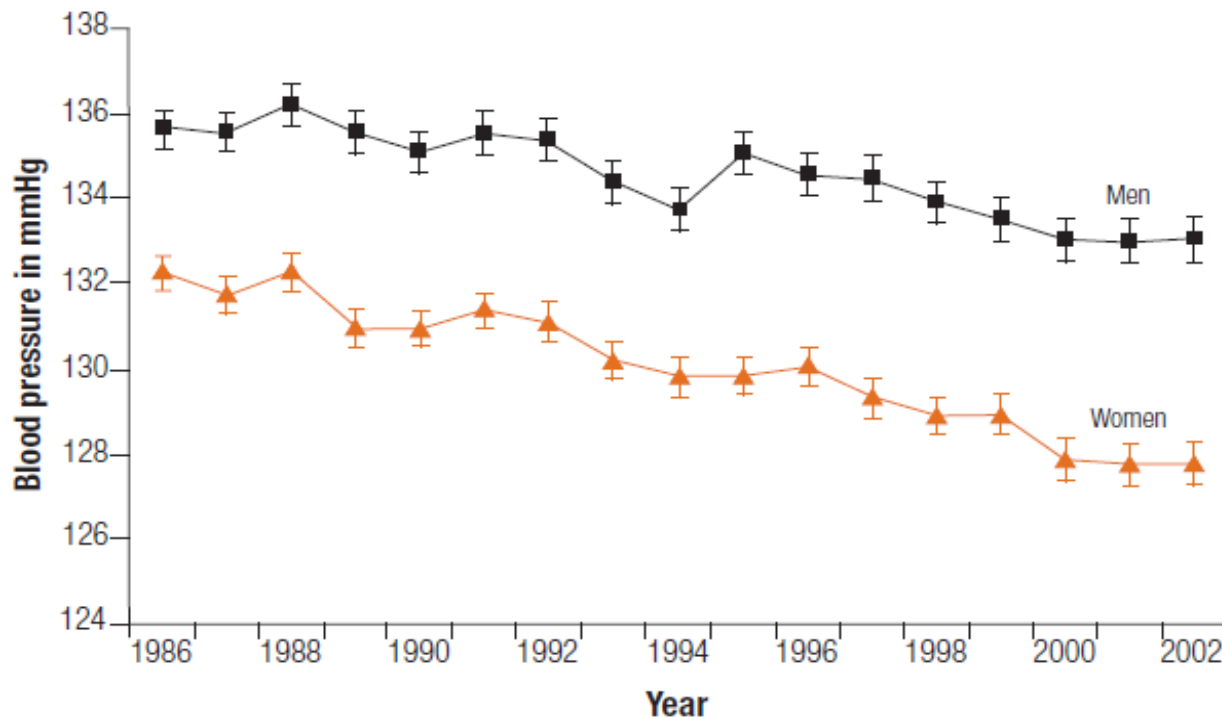
- * UK now has the lowest salt intake of any developed country in the world
- * In 2012 salt intakes have fallen in adults from 9.5g to 8.1 g per day since 2005, approximately 1.5g per person, per day, and saving approximately 8,500 lives every year
- * Success of UK salt reduction is thanks to rigorous setting of voluntary salt targets to be achieved by the food industry

Source: Ministry of Health, United Kingdom

Successful Intervention programs

Japan

Age-standardized mean and 95% confidence interval of systolic blood pressure in the adult population over 20 years of age, by sex, based on data from the National Nutrition Survey, Japan, 1986–2002



Source: Ikeda et al. Bulletin of the World Health Organization (2008)

Successful Intervention programs Ireland

National Adult Nutrition Survey 2008-2010 showed a mean dietary salt intake of adults at 11.1g/day for men and 8.5g/d in women aged 18-64 years

When compared to 2011 the mean intake in adults was 1.1g/d lower

Between 2003 and 2011 salt in the following products was reduced by up to:

- 18% in white bread

- 20% in wholemeal bread

- 25% in canned and dried soups

- 30% in cooking sauces such as curry sauces

- 19% in potato crisps

- 57 to 45% in breakfast cereals.



Source: Food Safety Authority of Ireland and Report on Salt Intakes in Irish Adults (Irish Universities Nutrition Alliance), 2011



Voluntary salt targets	Mandatory salt targets	Regulation on labelling	Tax on high salt products
<ul style="list-style-type: none"> Argentina Australia Austria (bread) * Belgium Brazil Bulgaria Canada Chile Denmark Ireland Italy (bread) * Lithuania * Mexico (bread) * Poland * Slovenia Spain UK USA 	<ul style="list-style-type: none"> Belgium (bread) Bulgaria (bread, milk products and lutenica) Brazil (mozzarella cheese and cheese spreads) [soups] Hungary (bread) Netherlands (bread) Portugal (bread) Paraguay (bread) South Africa <p>* targets for percentage reduction for food categories over time period rather than max/average levels of salt</p>	<ul style="list-style-type: none"> Finland 	<ul style="list-style-type: none"> Hungary Portugal

What are the WHO Mandates to date





Sixty-sixth session
Agenda item 117
Follow-up to the outcome of the Millennium Summit

Draft resolution submitted by the President of the General Assembly

**Political declaration of the High-level Meeting of the
General Assembly on the Prevention and Control of
Non-communicable Diseases**

The General Assembly,

Adopts the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases annexed to the present resolution.

The Political Declaration of the High Level Meeting

Article 43

(g) Promote the development and initiate the implementation, as appropriate, of cost-effective interventions to reduce salt, sugar and saturated fats, and eliminate industrially produced trans-fats in foods, including through discouraging the production and marketing of foods that contribute to unhealthy diet, while taking into account existing legislation and policies;





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The Political Declaration of the High Level Meeting

Article 44

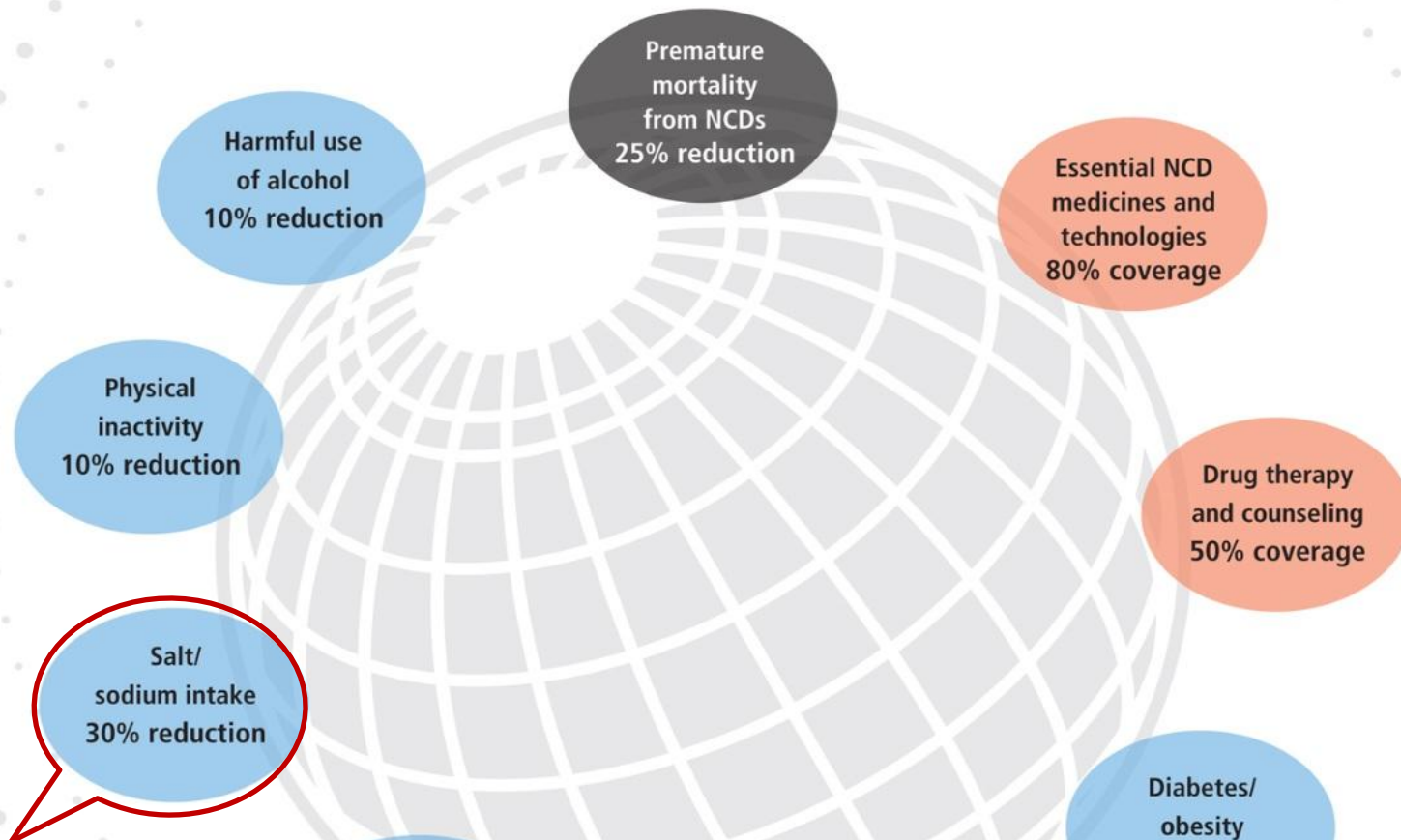
Calls upon the private sector to:

(b) Consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content;



Comprehensive global monitoring framework including indicators and a set of voluntary targets for the prevention and control of NCDs

Set of 9 voluntary global NCD targets for 2025



Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years

Population Salt Reduction Strategies

WHAT

① Creating enabling environment



② Evaluation and monitoring



③ Salt: vehicle for fortification

HOW

Consumer education

Sodium consumption

Iodine fortification

Product Reformulation

Food Composition Data

Reduction of salt intake

OUTCOME

Practical approaches for:

- Implementing an education & public awareness campaign
- Engaging food and meal producers and distributors

Framework for effective:

- Monitoring sodium intakes
- Monitoring sources of sodium
- Monitoring consumer knowledge and behaviour

Making the salt and iodine strategies work together & identifying alternative vehicles for iodization

<http://www.who.int/dietphysicalactivity/reducingsalt/en/index.html>

Development of Population Salt Reduction Strategies

African Initiative

**Regional Meeting
June 2012**

Salt Observatory of the
Americas

**PAHO Salt Expert
Group Meeting
January 2013**

Eastern Mediterranean
Initiative

**TAG Meeting
April 2013**

European Salt Action Network

**6th European Network
May 2013**

South East Asia Initiative

**Regional Meeting
December 2012**

Western Pacific Initiative

**1st Preparatory Meeting
June 2010**



Toolkit

S

urveillance, evaluation & monitoring

A

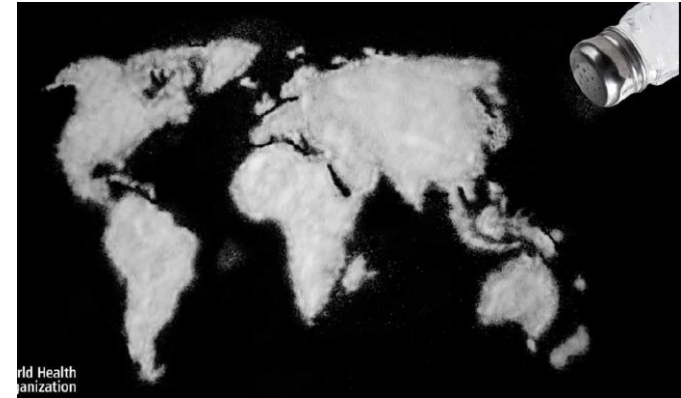
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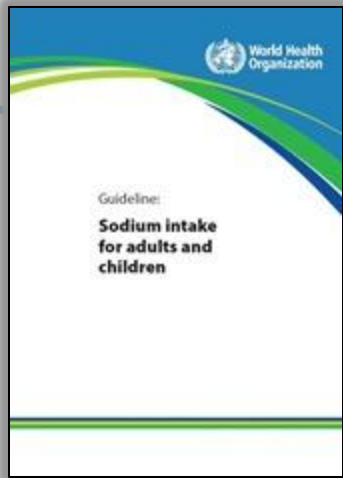
abeling, legislation and industry commitments

T

ackling fortification



WHO Guidelines on Sodium Consumption for the General Population



- WHO recommends a reduction in sodium intake to reduce blood pressure and risk of cardiovascular disease, stroke and coronary heart disease in adults.
- WHO recommends a reduction to less than 2g/day (5g/day salt) in adults.
- WHO recommends a reduction in sodium intake to control blood pressure in children.
- The recommended maximum level of intake of 2g/day in adults should be adjusted downward based on the relative energy requirements of children when consuming less energy than adults.

"Adults" includes individuals 16 years and older and "Children" includes individuals 2 - 15 years inclusive.

“Certainly, we want to work more closely with pharmaceutical companies to make medicines more affordable and accessible. But we will also look to food companies to cut back on the salt, trans fats and sugar, and be more responsible in marketing products to children and providing accurate information on their products. And virtually all industries can help reduce pollution and promote healthy lifestyles.”



*UN Secretary-General Ban Ki-moon
World Economic Forum, Davos, Switzerland
January 2011*

The floor is yours

<http://www.who.int/dietphysicalactivity/reducingsalt/en/index.html>

