

Population-Wide Approaches to Dietary Sodium Reduction: Summary of Action in 50 Countries

Lianne I. Vardy

**Director, Chronic Disease Management
Centre for Chronic Disease Prevention and Control
Public Health Agency of Canada (PHAC)**

PHAC/PAHO Observatory on Chronic Noncommunicable Disease Policy
*Mobilizing for Dietary Salt Reduction Policies and Strategies in the Americas:
Expert & Country Consultation (Miami, Florida, 13–14 January 2009)*

WHO/FAO Goal

In 2003, WHO and FAO
recommended average population
intake

< 5 g of salt per day

Based on strong evidence that no other
single measure

- is as cost-effective or
- can achieve as much for hypertension prevention and associated morbidity/mortality from vascular diseases

WHO Recommendations for Program Implementation: Three Pillars of Action

**Product
Reformulation**

**Consumer Awareness
Education Campaigns**

**Environmental
Changes**



Product Reformulation

In countries where processed foods are major source of dietary salt, recommended steps include:

1. **Identification and monitoring of salt content** in commercialized foods and meals,
2. **Working with industry** to reduce salt content, and
3. **Dedicated staff and budget for reduction programs**

Consumer Awareness and Education Campaigns

- **Clear, simple and coherent messaging**
- **Population-specific messaging and means of communication**
- **Include education on how to read and interpret food labels**

Environmental Changes

Necessary to develop

1. Clear and achievable reduction targets
2. Pricing strategies
3. Labelling strategies
4. Labelling strategies
5. Labelling strategies



Nutrition Facts	
Serving Size 3 cookies (34g/1.2 oz)	
Servings Per Container About 5	
Amount Per Serving	
Calories 180	Calories from Fat 90
% Daily Value*	
Total Fat 10g	15%
Saturated Fat 3.5g	18%
Polyunsaturated Fat 1g	
Monounsaturated Fat 5g	
Cholesterol 10mg	3%
Sodium 80mg	3%
Total Carbohydrate 21g	7%
Dietary Fiber 1g	4%
Sugars 11g	
Protein 2g	

Nutrition Facts	
Serving Size: 1 piece (11g)	
Servings Per Container: about 20	
Amount Per Serving	
Calories 40	Calories from Fat 0
% Daily Value*	
Total Fat 0g	0%
Saturated Fat 0g	0%
Cholesterol 0mg	0%
Sodium 30mg	1%
Total Carbohydrate 9g	3%
Dietary Fiber 2g	8%
Sugars 0g	
Protein 1g	

LOW **FAT** 7.7g per serving

LOW **SATURATES** 2.0g per serving

HIGH **SUGAR** 42.2g per serving

MED **SALT** 2.0g per serving

Per serving

FAT	7.7g
SATURATES	2.0g
SUGAR	42.2g
SALT	2.0g

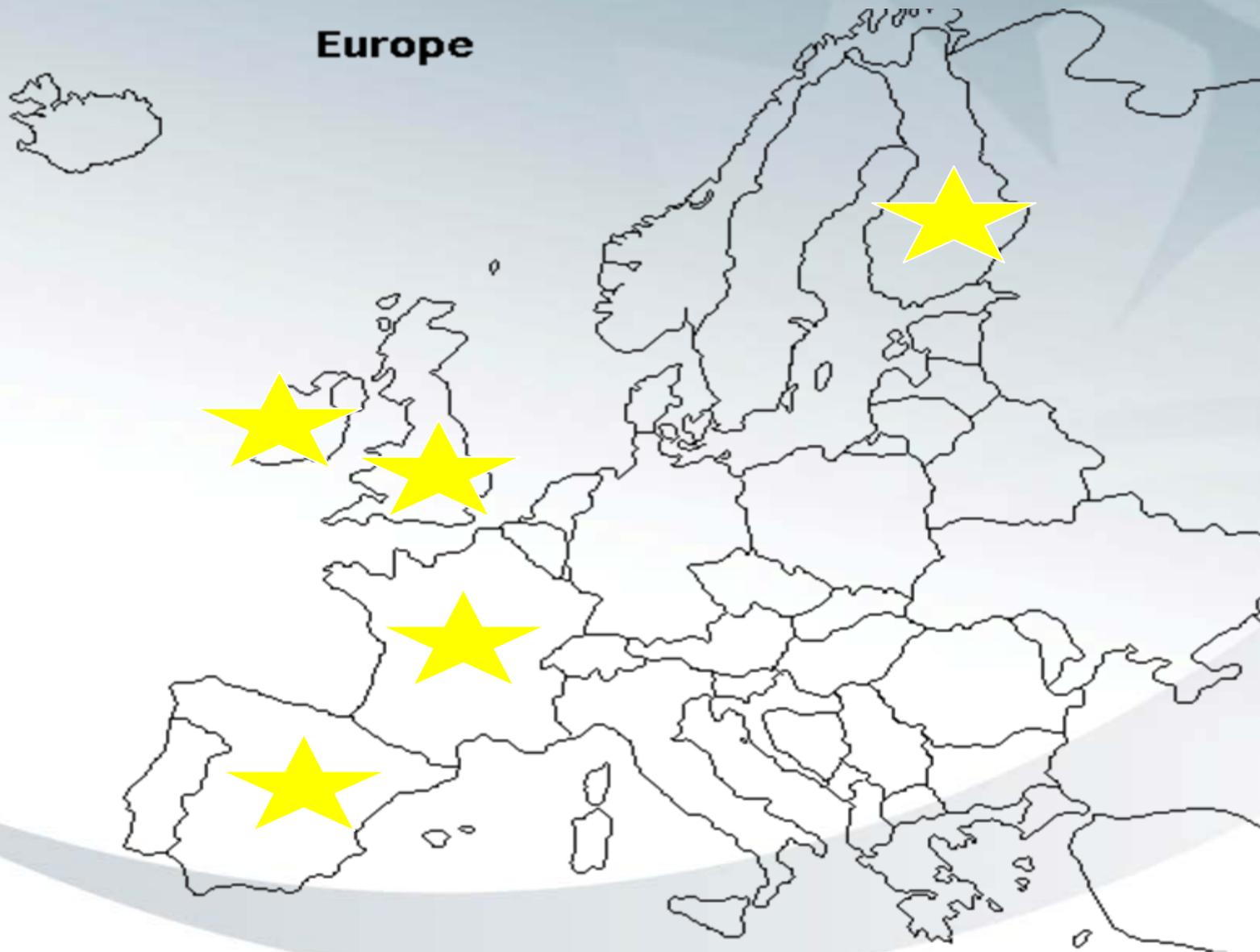
■ HIGH ■ MEDIUM ■ LOW

LOW FAT 7.7g Per serve	LOW SAT FAT 2.0g Per serve	HIGH SUGAR 42.2g Per serve	MED SALT 2.0g Per serve
-------------------------------------	---	---	--------------------------------------

WHO's 8 Steps to Population Salt Reduction

- 1. Organize support for change**
- 2. Identify current levels and primary sources of high salt intake**
- 3. Set targets**
- 4. Develop campaigns and engage partners**
- 5. Raise consumer awareness**
- 6. Apply easy to understand and clear labelling**
- 7. Negotiate salt reduction levels with industry**
- 8. Monitor progress and continually evaluate**

Europe



8 Steps in Action: UK, Ireland & Finland

- Comprehensive, **salt-reduction-specific** programs engaging a broad range of partners
- Broad-based consumer education and media campaigns delivered by government and NGOs
- Clear targets & ongoing monitoring

Combination Approaches: France & Spain

- Dietary salt reduction **part of wider healthy diet/lifestyle programs**
- Targeted reduction in specific food products, i.e. bread
- Monitoring and program evaluation non-specific and irregular

Regional Approaches: European Union (EU)

- Significant reductions achieved *only* within countries with specific salt-reduction programs
- Effort to implement a common salt reduction strategy across all member states
- Framework for National Salt Initiatives developed in 2008. with recommendations for action

EU Recommendations for Member States

- **Clear decision to act on salt**
- **Set-up national data collection & analysis**
- **Benchmark: 16% reduction over 4 years**
- **Priority given to breads, meat products, cheeses and ready-to-eat meals**
- **Raise public awareness**
- **Develop reformulation actions with industry/caterers**
- **Monitor salt content in food, individual intake levels and consumer awareness**

Asia and Australia



- **In many countries, salt intake significantly exceeds WHO recommendations**
- **Good examples of partnership between non-governmental organizations and the food industry**

Africa



Nigeria and South Africa have dietary guidelines for salt intake (2006, WHO Forum in Paris)

Americas



Detailed presentations
later today

- Argentina
- Brazil
- Bolivia
- Canada
- Chile
- Costa Rica
- Ecuador
- Guatemala
- Panama
- Paraguay
- Uruguay
- USA

South America

- **Diversity similar to that of Europe**
- **Strategies and approaches differ, however: aligned with WHO recommendations**
- **Rising political awareness about health impact of high salt intake**
- **Notable examples from Brazil, Chile and Argentina**

Canada & USA

- **Reporting of sodium content mandatory**
- **Voluntary approach to sodium reduction**
- **2007: Canada established a government-led Working Group on Dietary Sodium Reduction**
- **USA has started looking at possibly limiting amount of sodium food producers can add**

Key Issues

- **Voluntary versus regulatory approach**
- **Mandatory salt/sodium labelling**
- **Specific focus on salt and clear commitment to change**
- **Working in partnership: government, NGO & food industry**

THANK YOU!

GRACIAS!

OBRI GADA!