ADAPTING THE WHO GLOBAL BENCHMARKS

Lessons from country experience

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WHY SODIUM TARGETS CAN BE EFFECTIVE

• Consumers do not notice ~20% reductions
• Further reductions usually possible by adding other flavors and technologies
• Wide range of sodium content across products demonstrates feasibility
• Reductions across the board creates even playing field for industry

*Data for illustrative purposes only
% OF COUNTRIES IMPLEMENTING REFORMULATION TO REDUCE SODIUM CONTENT IN FOOD PRODUCTS

COUNTRY ADAPTATION OF THE WHO BENCHMARKS: NIGERIA
WHAT HAS BEEN DONE SO FAR?

Policy and Legal Landscape Analysis for salt target setting in Nigeria

Nigeria Sodium Study: packaged food retail survey

Population STEPS survey: data on 24-hour urine and 24-hour dietary recall

Formation of a National TWG on Sodium Reduction and a sub-group assigned on sodium target setting
SODIUM TARGETS DEVELOPMENT: ASSESS EXISTING DATA

- The University of Abuja is leading the Nigeria Sodium Study Na⁺SS
- Categorization of food in Nigeria Sodium Study
  - Follows the food categorization system of the Global Food Monitoring Group
- Data analysis to:
  - Assess the proportion of packaged foods displaying sodium or salt content on the food label
  - Estimate the baseline amount of sodium in the Nigerian food supply by food category
Commonly Consumed/Available Packaged Foods

- Bread and bakery products
- Non-alcoholic beverages
- Cereal and grain products
- Confectionery
- Sauces, dressings, spreads, and dips
- Dairy
- Snack foods
- Fruits, vegetables, nuts and legumes
- Edible oils and oil emulsions
- Foods for specific dietary use
- Sugars, honey and related products
- Seafood and seafood products
- Meat and meat alternatives
- Alcohol
- Convenience foods
- Vitamins and supplements

*Data provided by University of Abuja*
## TOP 5 PACKAGED FOOD CATEGORIES WITH HIGHEST MEDIAN SODIUM CONTENT IN NIGERIA

<table>
<thead>
<tr>
<th>Food category (# products sampled)</th>
<th>Sodium (mg) per 100 g</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Median (IQR)</td>
</tr>
<tr>
<td>Processed meat (79)</td>
<td>912 (460)</td>
</tr>
<tr>
<td>Sauces (367)</td>
<td>680 (974)</td>
</tr>
<tr>
<td>Spreads and dips (88)</td>
<td>391 (448)</td>
</tr>
<tr>
<td>Potato-based snacks and chips/crisps (137)</td>
<td>640 (326)</td>
</tr>
<tr>
<td>Canned seafood (117)</td>
<td>383 (60)</td>
</tr>
<tr>
<td>Pre-prepared salads and sandwiches (4)</td>
<td>360 (480)</td>
</tr>
</tbody>
</table>

Sub-committee explored options for category selection, with the aim to focus on the key categories that contribute the most to sodium intake

- Exclude *processed, unpackaged* foods (e.g., unpackaged processed meats), but future adaptations may expand inclusion criteria

Ongoing data analysis to assess the sodium content in foods to determine and define the specific categories to include
SUB-COMMITTEE NEXT STEPS: SELECTING CATEGORIES, DRAFTING TARGETS

• Analyze sodium density of categories, compare to WHO Global Benchmarks and targets from other countries (e.g., South Africa)
  o May utilize country data compiled by the RTSL Global Nutrition Database: www.resolvetosavellives.org/global-nutrition-database

• Draft targets
  • Where possible, adopt WHO benchmark values
  • When existing values greatly exceed the Benchmarks, use a gradual reduction strategy

• Aim for an initial 20% reduction + an additional 10% reduction after 3 years
SUB-COMMITTEE NEXT STEPS: CONSULTATIONS

1. Engage independent food technologists or academics (free of conflicts of interest) to review the technical feasibility.

2. Larger technical consultation with other stakeholders who are free of conflicts of interest, e.g.,
   - Related government ministries
   - Advocacy groups
   - NGO/INGO partners
   - Academia

3. Transparent public consultation for industry, academia, and civil society to comment on draft categories and targets.
SUB-COMMITTEE NEXT STEPS: FINALIZING THE GUIDELINE

• After updating the draft targets following the consultations, Federal Ministry of Health to finalize the sodium targets guideline
• This guideline will inform subsequent actions to ensure implementation, enforceability, monitoring and evaluation of the targets
COUNTRY ADAPTATION OF THE WHO BENCHMARKS: VIETNAM
RECOMMENDATIONS FOR MAXIMUM SODIUM IN PROCESSED AND PACKAGED FOODS

• Guideline No 249/DP-KLN setting voluntary maximum sodium targets for processed and packaged foods (29 March 2024)
• Targets set for 11 categories, total of 46 sub-categories; follows 1st ed. of the WHO Global Sodium Benchmarks
• Limited available data on sodium content in processed foods
  • Ongoing analysis and data collection to further refine categories, update the guideline with gradually reduced targets, monitor progress.
CONCLUSIONS
KEY ELEMENTS OF AN EFFECTIVE SODIUM TARGETS POLICY

• Set **mandatory targets** using **maximum** limits

• Aim for **20-30% reduction** in sodium content, using clear **timelines** to reduce the target levels **gradually** over ~5 years.

• Adapt the **WHO Global Benchmarks** using the local food database

• Structured, transparent process for industry and other stakeholders to provide comments, but **ensure policy-making process is free of conflicts of interest**

• Develop system for **ongoing monitoring and enforcement**. Report results publicly.

• **Regulate back of pack nutrient declarations**, if not already done