Consuming too much sodium has a huge impact on health, leading to approximately 2 million deaths worldwide in 2019. Excess sodium consumption raises blood pressure and is linked to several noncommunicable diseases (NCDs), including cardiovascular disease (CVD) and kidney disease. CVD is the leading cause of death in the South-East Asia (SEA) region, with the highest prevalence in the most deprived groups, who are less likely to be able to afford treatment. Although high blood pressure and CVD events occur most frequently after the age of 40 years, there is clear evidence that blood pressure tracks from childhood into adult life. Dietary salt is the largest contributor to sodium intake in humans. Salty taste perception is also a learned experience, and individuals who reduce their salt intake for a few months subsequently prefer a lower-salt diet. Population-level strategies to reduce salt intake would be more successful if children do not develop a liking for salt in the first place.

As a result, the World Health Organization issued guidelines in 2012 stating that adults should eat less than 5g of salt per day, adjusted downwards for children based on their energy requirements relative to adults, to reduce the risk of NCDs. Globally, no country has yet met the recommended salt intake and in SEA Region, salt intake far exceeds the recommendations and is even increasing. High salt intakes in SEA Region countries are due in large part to what consumers themselves add to their food during food preparation – discretionary salt – including salt, sauces and stock cubes. Further, as a result of urbanisation, dietary patterns are shifting from traditional diets to a reliance on food available in the out of home sector, which are mostly street food or food from take away stalls. Street food is a distinct feature of the food environment in the region: an average person in Bangkok eats street food 10 times a week. There is also evidence that processed packaged food consumption is increasing across SEA Region countries. Cost of fresh food has increased whereas the cost of processed and out-of-home foods are relatively low – an issue as there are large amounts of salt present in both processed and street foods.

4 Lalji R, Tullus K. What’s new in paediatric hypertension? Archives of Disease in Childhood, 2018;103:96-100.
10 World Health Organization Regional Office for South-East Asia. WHO/FAO Inter-Regional meeting to promote healthy diets through the informal food sector in Asia. New Delhi: World Health Organization 2019.
More than 70 countries now have some form of salt reduction programme in place, including the United Kingdom of Great Britain and Northern Ireland, South Africa, Brazil, Argentina, Iran and Australia. Majority of country programmes to reduce sodium are aimed at reducing dietary salt, i.e. sodium chloride, which is the largest component of sodium in diets. Another source of sodium in the diet can come from mono sodium glutamate, used as a condiment in many parts of the world. The UK’s salt reduction programme is frequently cited as a successful example, predominantly based on setting targets for the salt content of processed foods and achieving gradual, across-the-board salt reformulation, all of which resulted in significant falls in population salt intake and systolic blood pressure (1.4 g/d and 2.7 mmHg, respectively, between 2003 and 2011). However, for SEA Region countries, where discretionary salt is the leading source of salt, a multi-pronged approach including consumer education, behaviour change communication, nutrition labelling and settings-based interventions in schools and workplaces, in addition to the implementation of salt reduction targets for food reformulation are required to reduce salt intake.

Salt reduction is a highly cost-effective strategy, identified by the WHO as a ‘best buy’ intervention. Alongside known health benefits, reduced NCDs will ultimately lead to reduced health costs and reduce the burden on healthcare services while enabling a more productive workforce. By reducing population salt intake, countries can make progress towards reducing CVD’s including premature mortality and the Sustainable Development Goal 3 (SDG3) to ensure healthy lives and promote wellbeing for all at all ages.

There is a clear and urgent need to reduce salt intake in SEA Region countries, and worldwide. This toolkit contains simple, practical and easy-to-use protocols. It has been designed to support WHO country Office staff, counterparts and other stakeholders with a single source of information to gather essential baseline data, such as population salt intake, knowledge, attitudes and practices towards salt and sources of salt in population diets, and to guide the development of interventions to achieve salt reduction, including setting salt reduction targets, and innovative approaches to reducing salt levels in the out of home sector. It will be updated regularly as new information and evidence is available.

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