

REPORT

TECHNICAL WEBINAR (VIRTUAL): SCALING UP POPULATION SALT REDUCTION IN SOUTH-EAST ASIA

**Nutrition and Health for Development unit, Department of Healthier Populations and
Noncommunicable diseases**

11th March 2021 (1230-1400 IST, UCT+ 0530)

Webinar objective: To advocate and provide technical inputs policy actions to reduce population salt consumption in the Region.

Target audience: National or sub national nutrition and NCD programme managers and other stakeholders from WHO South-East Asia Region Member States.

Total number of participants: 172

Background information

Countries of WHO South-East Asia Region have committed to population dietary salt reduction as a key public health measure to reduce risk of cardiovascular diseases. Though countries have identified population salt intake targets for 2025, policy development and implementation on salt actions has been slow in some countries. The main sources of dietary salt in South-East Asian countries discretionary (staples such as rice, breads and noodles, cooking of other foods), salt added at the table (soy sauce, fish sauce, table salt, pickles) or from out of home foods (e.g. street foods). The contribution of processed foods to salt intake though low compared to high income countries, is growing. A comprehensive package that covers a range of effective policy actions must be implemented for successful reduction of salt intake.

WHO has been advocating for population salt reduction measures and providing technical support to Member States to reduce population salt consumption. This webinar was one of the activities carried out by the WHO Regional office to support countries to scale up actions to reduce dietary salt, in the context of healthy diets.

Webinar presenters

1. Dr Angela de Silva, Regional Adviser Nutrition and Health for Development, WHO SEARO
2. Dr Nawal M. Al Hamad, Assistant Undersecretary, Deputy Director General, The Public Authority for Food and Nutrition (PAFN) Kuwait
3. Mr. Nutthakorn Utensute, Principal Advisor on Excise Control System Development
4. Excise Department, Ministry of Finance, Thailand
5. Dr Champika Wickremasinghe, Director Noncommunicable Diseases, Ministry of Health, Sri Lanka

6. Prof Fengjun He, Wolfson Institute of Preventive Medicine, Queen Mary University of London, UK

Webinar summary

Dr Thushara Fernando, Acting Director Healthier Population and Noncommunicable Diseases delivered the opening remarks, welcoming all participants to the meeting and thanking the resource persons.

Dr Angela de Silva

Provided an overview of policy status in WHO South-East Asia Region countries, the available technical support for country actions. Specific reference was made to the new salt action toolkit, which provides step by step practical guidance to countries on evidence gathering, salt measurement, developing a salt content database and many other actions.

Dr. Nawal M. Al Hamad

Dr Hamad described the successful country actions from Eastern Mediterranean Region countries, and specifically actions taken by Kuwait. One in ten adults (11.3%) aged 40–69 years had a 10-year CVD risk of over 30% in Kuwait, and salt consumption was high. On analysis of intake, the sodium contribution from breads, a composite foods and pastries and sandwiches was highest. Therefore, the target was to reduce sodium in flour mills and bakeries. A 20% reduction of added salt was achieved in the most commonly consumed pitta bread (white and whole wheat), and a 12% reduction in all other varieties (buns, rolls, toast, etc.). These included the breads provided by popular fast food companies - such as MacDonald's & Burger king. Currently negotiating further reductions, 30% or possibly more (reduce from current 1.6g/100g to 1.2g/100g bread as a first step. There is also work targeting potato chip, crisp and popcorn industries. There is also an ongoing programme to reduce salt in sandwiches provided to school cafeterias. Positive factors that helped the process were the partnerships with the Chamber of Commerce and related industries.

Mr. Nutthakorn Utensute

Thailand has been exploring the application of fiscal policies on targeted products known to contain excessive amounts of salt such as instant foods, seasoning powders and snacks. The aim of the initiative was to promote reformulation and also gradually adjusting consumers taste. Discussions were ongoing among the Ministry of Health, industry and Excise Department. Thailand's average sodium intake per person was approximately 3600 mg a day, while WHO recommendation is below 2400 mg/day. !!! Excise tax measurement aims to lower the gap within 5 years between WHO guidance and Thailand's sodium intake standard by 800 mg per day (200 mg per year). Some of the challenges include technical challenges of salt replacement in terms of taste preference and substitutions, the role of sodium in food processing, as a preservative, texture enhancer, and water binder. Therefore, salt reformulation is more complicated rather than sugar reduction. There is also political opposition to increasing the price of a popular product- the price has not changed for the past 10 years. Setting tax rates high enough to change consumption behavior, while the relative price of target product is low (instant noodle) was also a challenge.

Dr Champika Wickremasinghe

Sri Lanka's Action Plan on salt reduction was described, and the step by step process that the country followed, in order to implement and operationalize the plan. The actions included development of an overall behaviour change communication package for the public, based on the results of a knowledge attitudes and practices survey and the development and implementation of a mandatory front of pack label for processed packaged foods. An assessment of institutional food procurement for salt was carried out for the hospital sector and procurement standards were set and implemented. Sri Lanka is currently working on salt reformulation of bread products. This is planned to be rolled out in a phased, voluntary manner. The main challenge is the fact that most of the salt consumption is from discretionary salt added to cooking at home and out of home foods. There has been little done so far to address the out of home food sector. Success was due to following a step wise process, and the multi-sectoral cooperation between different sectors.

Prof Fengjun He

Prof He discussed salt reduction in UK and China. To reduce salt intake, consumers must be targeted through a public health campaign for discretionary salt. Food industry must be provided with set sodium targets for food categories that are pragmatic and achievable. This approach worked for UK since 80 % of salt was from processed packaged foods and salt added at the table and cooking added only 15 % to salt intake. The food industry needs to reduce salt in all foods by 40%. Incremental salt targets were set, and a level playing field was created by getting all industry to volunteer to reach the targets. Praise the companies that make progress and naming & shame those that do not take action was the strategy. The impact was significant- Salt content in many foods reduced by 20-50% from 2003 to 2011, with £1.5 billion in healthcare savings per year. The situation in China was different. Salt intake was one of the highest in the world, 80% of the salt is added by the consumers which makes it very difficult to reduce salt. Many research/pilot projects are ongoing. One is a School-Based Education to Reduce Salt in China (School-EduSalt), where children finally influenced family to reduce salt. Another is an app-based programme to reduce salt in children & their families (AppSalt)- Education, target setting, monitoring, of salt intake via an app is being piloted through an RCT in 54 schools, 594 8-yr old children & 1188 adults, intervention duration 1yr. A multi-faceted programme is needed for countries which includes education to reduce salt used at home, working with food outlets to reduce salt in cooking, and set targets for processed foods.

Following a brief question and answer session, Dr de Silva gave the closing remarks, highlighting key lessons learned from the presentations as well as recommendations for the future of salt reduction in the Region.

Webinar outcomes:

- Participants updated on the current status of salt reduction actions in the Region
- National programme managers and other stakeholders advocated to initiate or scale up salt reduction actions based on global experiences, and innovate to adapt to South-East Asia's context.
- Key country gaps and needs identified