POLICY BRIEF: REDUCING THE USE OF SALT IN THE FOOD INDUSTRY TO LOWER SODIUM CONSUMPTION

December 2014

This policy brief is one of five relating to the commitment by Heads of State and Government at the High Level Meeting of the UN General Assembly on the Prevention and Control of Noncommunicable Diseases in September 2011 to call upon the private sector to contribute to the prevention and control of noncommunicable diseases (NCDs). A separate discussion paper summarises lessons learnt to date and possible approaches to support Member States to realize this commitment. All papers are available on the website of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD) http://www.who.int/nmh/ncd-coordination-mechanism/en/.

SUMMARY

- An increasing number of countries have introduced initiatives with industry to reduce the use of salt in processed foods, however there is generally more progress in high-income countries.
- Approaches involving mandatory, voluntary and negotiated targets have produced results.
- Reviews of progress show that strong government leadership, clear targets and timelines, and active monitoring and reporting are required as part of either statutory or self-regulatory approaches to reducing salt content.
- More countries need to call on and work with the private sector to reduce the use of salt in the food industry to ensure the global target of a 30% reduction in salt intake is achieved by 2025.
- Countries with initiatives in place also need to scale up the breadth and pace of these initiatives to achieve the global target.

PURPOSE

This policy brief outlines progress made by Member States in realizing the commitment to call upon the private sector to reduce the use of salt in the food industry in order to lower sodium consumption. It sets out where we stand today, identifies any barriers and challenges to progress, and summarizes which approaches have best driven progress.

BACKGROUND

At the UN General Assembly High Level Meeting in September 2011, Heads of State and Government committed to call upon the private sector, *inter alia*, to work towards reducing the use of salt in the food industry in order to lower sodium consumption.\(^1\)

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\(^1\) See paragraph 44(d) of resolution A/RES/66/2 [http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1](http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1)

\(^2\) See also related policy briefs on reducing marketing of unhealthy food and beverages to children, and on producing and promoting more food products consistent with a healthy diet.

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To accelerate national efforts to address noncommunicable diseases (NCDs), the World Health Assembly has adopted nine voluntary global targets for 2025 and endorsed a set of actions organized around the WHO Global NCD Action Plan 2013-2020 that, when implemented collectively by Member States, international partners and WHO, will help to achieve a global target of a 25% reduction in premature mortality from NCDs by 2025 and achieve the commitments made by Heads of State and Government in September 2011.

One of the nine global targets is a 30% relative reduction in mean population intake of salt/sodium by 2025. The corresponding indicator that will be used to measure progress is the age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years.

**WHY IS REDUCING THE USE OF SALT IN THE FOOD INDUSTRY IMPORTANT FOR NCD PREVENTION AND CONTROL?**

Excess consumption of dietary sodium, usually as salt, is associated with increased risk of hypertension and cardiovascular disease, part of the global burden of NCDs. Reducing salt intake has been identified as one of the most cost-effective measures countries can take to improve population health outcomes. An estimated 2.5 million deaths could be prevented each year if global salt consumption were reduced to the recommended level less than 5g per day; current estimates suggest that the global mean intake is around 10g of salt per person daily.

The main source of salt in many countries is processed foods and ready-made meals, while salt added during food preparation at home and at the table is significant in others. With the greater availability of processed foods in low- and middle-income countries (LMIC), sources of sodium are shifting rapidly towards these foods.

**APPROACHES TO REDUCING THE USE OF SALT IN THE FOOD INDUSTRY**

There is a range of possible approaches to reducing salt consumption including labelling, legislation, product reformulation, fiscal incentives that encourage the production and consumption of foods with reduced sodium content, and consumer education to ensure effective implementation. \(^3\)

Actions by the food industry in response to the call to action by Heads of State and Government in 2011 should include:

- Committing to and incrementally reducing salt in products over time so that consumers adapt to the taste and don’t switch to alternative products
- Promoting the benefits of eating reduced salt foods through consumer awareness and education activities
- Reducing salt in foods and meals served at restaurants and catering outlets and labelling sodium content of foods and meals.

Reducing salt content in processed food is best considered as part of an overall framework for promoting healthy diets that includes the wider food supply chain and public health approaches to create a more supportive environment for healthy eating. This recognises that there are many sectors and private sector entities that need to contribute to – and/or

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may be impacted by – initiatives to create a healthier food supply. It also ensures that any reductions in salt consider food safety issues, given that salt is an important preservative in processed foods, as well as ensuring adequate iodine intake.

The importance of this supply chain approach as part of a ‘food system’ was affirmed in the Second International Conference on Nutrition (ICN2), which recommended actions for governments to ensure sustainable food systems promoting healthy diets.4

**WHAT PROGRESS HAS BEEN MADE AND WHAT ARE THE BARRIERS TO PROGRESS?**

In July 2014, the UN General Assembly reviewed progress achieved with the prevention and control of NCDs, and acknowledged that limited progress had been made in response to the commitment to call upon the private sector. As noted in the WHO Director-General’s 2013 progress report on noncommunicable diseases to the UN Secretary General,5 although an increased number of private sector entities have started to produce and promote food products consistent with a healthy diet, such products are not always affordable, accessible and available in all communities within countries.

National efforts to reduce population salt consumption are underway in many countries, in some cases as part of an overall strategy to support healthy diets. A recent review of national programmes to encourage the food industry to reduce salt in food identified 59 countries with initiatives in place to work with the industry to reduce salt in foods, while a further 12 reported future plans to do so.6 This is more than double the number of countries reporting initiatives with the food industry since an earlier review in 2010.

Approaches to working with the food industry vary between negotiating commitments directly with industry, agreed voluntary targets for specific product categories, and/or establishing mandatory limits through legislation. Twenty-three out of the 59 countries with industry initiatives reported industry meetings and 38 had established voluntary and/or mandatory sodium content targets. Most (35) countries had voluntary sodium targets with only nine having mandatory targets, usually for only one or a few products. Both methods of adopting targets involve dialogue with the private sector to facilitate reformulation, as well as consumer awareness efforts and robust monitoring.

There are successful initiatives that have active industry participation in many countries. Examples include the UK’s Responsibility Deal, the Republic of Korea’s Center for Less Salt campaign, the North Karelia Project, the Australian Government’s Food and Health Dialogue, and HeartSAFE in New Zealand.7 Building on the successful UK model, since 2011 public health authorities in Argentina, Brazil, Canada, Chile, Mexico and the USA in the WHO Region of the Americas have promoted voluntary national reformulation targets and timelines with the food industry. Most of these countries are targeting salt reduction in packaged foods and bread, while Mexico has focused on foods available in the school environment. Argentina has already achieved a 25% reduction in the salt content of bread.

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Progress is also being made in the Eastern Mediterranean Region. In Kuwait, a Salt and Fat Intake Reduction Taskforce was established in 2013 to develop and implement a national strategy to reduce salt consumption in consultation with nutrition experts and scientists, working with the food industry. By the end of 2013, the sole bread company in Kuwait had reduced the salt content of bread by 20%. Kuwait is now building on this success to reduce the salt content of cheese, another commonly consumed food item. The Qatar Government is working with one of the country’s major bakeries to reduce use of salt by 20% and Bahrain is setting up a similar campaign.

**Contrasting voluntary and mandatory approaches to reducing salt use by industry**

In 2011, the Ministry of Public Health of Thailand, along with other stakeholders, initiated a campaign aimed at reducing salt consumption by 50%. Initially, the academic sector collaborated with the commercial sector to reformulate snack recipes but the reformulated products proved unacceptable to the public and gradually disappeared from the market. Food producers were then asked to reformulate their products themselves, which proved more successful, leading to products such as potato chips with sodium reduced by 50% and instant noodles with sodium reduced by 20% (using potassium chloride).

A regulatory approach has been adopted in Kiribati with the introduction of maximum levels of sodium (as well as fat) in selected processed food items. These maximum levels are derived from the “Salt targets in Pacific Foods”, which were agreed and mandated by the meeting of Pacific Ministers of Health in 2013 and supported by WHO to help address the NCD crisis in the Pacific.

A number of challenges and barriers to progress have been identified, particularly in LMIC. One major barrier is the lack of good data on dietary patterns, including the main sources of salt in the diet, to inform appropriate action and provide a baseline for measuring progress. LMIC may also lack the capability and capacity in the public sector to monitor and enforce targets, whether voluntary or mandatory. One option is for non-government organisations or academic institutions with the necessary capability to take on this role on behalf of the government.

As shown in the WHO recent reviews, there may be a lack of awareness of the need to reduce salt intake among the general public and/or policy makers in some countries. Likewise, the role of the private sector in reducing salt in processed foods may not be widely understood or accepted. Thus, reformulation of products to reduce salt content needs to be communicated consistently to the public through both public and private sector channels.

It is also clear that there is inconsistency between countries in the salt content of some iconic brands from both food manufacturers and fast-food retailers. A 2014 survey showed more than two-fold differences in the salt content of the same food items from one country to another.\(^8\) The survey also showed that differences in global taste preferences are not the reason for the differences in salt content, as no one country consistently has the saltiest food.

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\(^8\) [http://www.worldactiononsalt.com/less/surveys/2014/141133.html](http://www.worldactiononsalt.com/less/surveys/2014/141133.html)
WHICH APPROACHES HAVE BEST DRIVEN PROGRESS?

In the first instance, salt reduction in processed foods needs to be part of an overall strategy that includes clear targets, product reformulation, public awareness raising, and monitoring and reporting. This should also sit within a wider strategy to improve the food supply chain and promote healthier diets, *inter alia* food labelling and wider food reformulation efforts.

A review of progress with salt reduction in the WHO Region of the Americas identified approaches that have contributed to successful initiatives there. The Region of the Americas has a standing expert group that has played an important role in raising awareness, providing technical support and leadership, and facilitating collaboration between countries and sharing of experience, an approach that may have value in other WHO regions. The review concluded that many experiences with industry engagement are transferrable; of particular value is the ability to point to what is happening in other jurisdictions when negotiating targets and timelines. Governments in LMIC can also create an expectation that industry will transfer the technologies that have delivered low/no salt content products in high-income countries to subsidiaries in their own countries.

To date, different approaches to engagement with industry have been taken; most countries use voluntary agreements, a small number have mandatory targets, and others are based on negotiated commitments. All three approaches have demonstrated an impact, at least from the countries that have reported on progress.

Fully voluntary approaches may work in some countries, but there are also documented failures, for example Argentina, Canada and the USA. Statutory regulation has a number of advantages: it allows the government to clearly state its policy goals and set standards and targets, and provides a level playing field. While implementing effective legislation takes time and resources and is often actively opposed by industry, even pending legislation has been shown to expedite action by industry to reformulate products ahead of regulations coming into force.

Approaches to engaging with industry vary between countries, and no single approach can be recommended; it depends on the local context and private sector arrangements. In some countries, engagement occurs through national associations, while in others direct contact with large and progressive food manufacturers and/or restaurant chains has worked. In a small number of countries, engagement with the private sector on reformulation is NGO-led, which also assists with managing institutional conflicts of interest.

What is important is that any engagement with food industry players, whether local and multinational, aims to elicit meaningful commitments with agreed specific timelines. Targets need to be set for the foods appropriate to each country, as the contribution of processed foods to salt intake varies considerably between countries. Likewise, robust monitoring and reporting mechanisms are essential to ensure that salt reduction targets are being met.

Many voluntary initiatives are reporting progress but are unlikely to succeed without strong government leadership and pressure from both government and NGOs. If industry makes meaningful voluntary commitments, where the penalty for non-compliance is the threat of negative publicity when monitoring results are published, results may be achieved more quickly in the short term than with a legislative approach. The challenge will be to ensure such progress is sustainable.

In summary, an increasing number of countries are implementing initiatives to reduce the
use of salt in the industry. Many of these are still in an early stage but both mandatory and voluntary approaches are reporting positive results. The scope of both existing and new programmes needs to be expanded to include a wider range of products to ensure both sustained changes in consumer preferences and achievement of the agreed 30% salt reduction targets.

FOR FURTHER READING


World Action on Salt [website] (http://www.worldactiononsalt.com, accessed 24 November 2014). This website contains information on country level and international efforts to reduce salt consumption.


About the WHO global coordination mechanism on noncommunicable diseases (GCM/NCD)

Terms of reference for the establishment of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases were endorsed by the sixty-seventh World Health Assembly in May 2014. The scope and purpose of the WHO GCM/NCD are to facilitate and enhance coordination of activities, multistakeholder engagement and action across sectors in order to contribute to the implementation of the WHO Global NCD Action Plan 2013–2020.

The 2014–2015 work plan of the GCM/NCD has five objectives; under objective 3, a working group is being established to recommend ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 44 of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

For further information on the GCM/NCD, see http://www.who.int/nmh/ncd-coordination-mechanism/en/

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