Technical Consultation: Salt reduction and iodine fortification strategies in public health

In collaboration with the International Council for the Control of Iodine Deficiency Disorders Global Network

25-27 March 2013
Sydney, Australia

SCOPE AND PURPOSE

BACKGROUND

Cardiovascular diseases are the leading cause of death, responsible for 30% of all deaths globally. Raised blood pressure is the most important risk factor for cardiovascular disease and strategies for blood pressure control are a public health priority in many countries around the world. The Political Declaration of the United Nations’ High Level Meeting on Non-communicable Diseases identified population-wide reduction in salt/sodium intake as one of the most cost effective means for reducing elevated blood pressure.

Iodine deficiency is one of the world’s most important nutritional deficiencies, which can result in impaired cognitive development and function, hypothyroidism, congenital anomalies, cretinism or endemic goitre. In 1990 the Forty-third World Health Assembly in resolution WHA43.2 urged Member States to continue to give priority to the prevention and control of iodine deficiency disorders through appropriate nutrition programmes as part of primary health care and requested WHO to reinforce the technical support provided to Member States, on request, for assessing the most appropriate approaches to preventing and controlling iodine deficiency for the elimination of iodine deficiency disorders as a public health problem, a goal subsequently reaffirmed. The preferred strategy for the control of iodine deficiency disorders is universal salt iodization. Salt is the vehicle for iodine fortification because its consumption is fairly stable throughout the year and iodization technology is inexpensive and easy to implement. The amount of iodine in salt can be adjusted to meet policies aimed at reducing human consumption of salt in order to prevent chronic diseases, thus strategies related to salt iodization and population salt/sodium reduction can support each other.

3 Resolutions WHA43.2, WHA49.13, WHA52.24, WHA58.24, WHA60.21 and WHA 63.27
The World Health Organization (WHO) organized an expert consultation to discuss the coherence between the policy of reducing salt consumption to prevent chronic diseases and the policy of universal salt iodization to eliminate iodine deficiency disorders was held in Luxembourg on 21-22 March 2007.\(^4\) The meeting concluded that the policies for salt iodization and reduction of salt to less than 5g/day are compatible, cost-effective and of great public health benefit.

In 2010 WHO started developing a framework for population salt/sodium reduction strategies and as part of this identified three main platforms for which expert advice and dialogue with the private sector and civil society was required. The proposed three platforms covered the following areas:

1. **Creating an enabling environment for population-based salt reduction strategies.** This was held in London, UK July 2010 and concluded that strategies to reduce salt intake must be multidisciplinary, intersectoral and implemented in several settings\(^5\). From this platform organized jointly with UK FSA and in collaboration with The George Institute, FSA and other consultants WHO has developed the draft framework chapter “Practical approach for implementing an education and public awareness campaign” and “Practical approach for engaging food and meal producers and distributors”.

2. **Strategies to monitor and evaluate population sodium consumption and sources of sodium in the diet.** This was held in Calgary, Canada October 2010 and concluded that information on process, output and outcomes of the sodium reduction strategies should be collected, disseminated and used to improve policies, programmes and interventions\(^6\). From this platform, organized jointly with Government of Canada WHO in collaboration with The George Institute and other consultants has developed the draft framework chapter dealing with “Monitoring sodium intakes”, “Monitoring sources of sodium” and “Monitoring consumer knowledge and behaviour”.

3. **Salt Reduction and Fortification Strategies** will be the third platform for which the scope and purpose is being defined here.

The Department of Prevention of Noncommunicable Diseases and the Department of Nutrition for Health and Development, at the World Health Organization in collaboration with The George Institute for Global Health and the International Council for the Control of Iodine Deficiency Disorders Global Network, are convening this consultation to develop approaches for Member States and stakeholders on strategies to reduce salt/sodium intake at the population level while ensuring an adequate iodine


nutrition. The overall outcomes of this meeting are 1) the development of a framework for creating an enabling environment for iodine fortification to complement existing salt/sodium reduction strategies; and 2) the development of an algorithm for adapting iodine fortification as salt reduction occurs.

The WHO Department of Nutrition for Health and Development has strengthened its role in providing evidence-informed policy and programme guidance to Member States, in partnership with the Prevention of Noncommunicable Diseases and other relevant internal partners and guided by the new WHO guidelines development process. In collaboration with internal partners, including is updating. The discussions of this consultation will also provide inputs for this guideline development process to assure that considerations to sodium/salt reductions strategies are considered in updating evidence-informed guidelines for salt iodization in public health.

**SPECIFIC OBJECTIVES**

1. Review and discuss ongoing initiatives, policies and programmes aimed at reducing salt/sodium intake at the population level and using salt as a vehicle for iodine fortification in public health, including recognizing successes, failures and key factors for sustainability of interventions.
2. Review existing protocols and surveys used for monitoring of sodium and/or iodine consumption and assess potential adaptation in monitoring and evaluation of sodium and iodine intake.
3. Discuss the role of food manufacturers in the synergistic implementation of both the population-based salt/sodium reduction strategies and the salt iodization programmes.
4. Review ongoing research on safety, efficacy and effectiveness of use of potassium enriched (sodium reduced) iodized salt in public health.
5. Identify innovative strategies and potential barriers to ensure that the campaigns for salt/sodium reduction and salt as a vehicle for fortification can be run in parallel and with equal success.

**SPECIFIC OUTCOMES**

1. List of considerations for supporting national and international efforts in reducing in salt/sodium intake at the population level and using salt as a vehicle for iodine fortification.
2. Draft plan on next steps for a multi-sectoral approach in support of the global efforts for reducing salt intake and preventing iodine deficiency disorders.
3. An updated research agenda for safety, effectiveness and in-country feasibility studies for the use of potassium enriched (sodium reduced) iodized salt in public health.
4. A research agenda in the area of iodine fortification and sodium/salt reduction strategies in public health.