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**World Health
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Executive summary

The World Health Organization (WHO) started to develop global benchmarks for sodium levels in foods across different food categories in 2020. This builds on the work and experiences of countries and regions in setting targets for sodium levels in different food categories, as part of national and regional efforts to reduce population salt intake, reduce the burden of diet- and nutrition-related noncommunicable diseases (NCDs), and achieve the global NCD target for a 30% relative reduction in mean population intake of salt, with the aim of achieving a target of less than 5 g of salt (i.e. <2 g of sodium) per day by 2025 (1). Furthermore, as a range of stakeholders come together to transform food systems through the United Nations Food Systems Summit, to be held in September 2021, there is now an unprecedented opportunity to scale up these national and regional efforts to tackle unhealthy diets and to improve the global food environment, to ensure access to safe and nutritious food for all.

An estimated 11 million deaths globally are associated with poor diet, 3 million of which are attributable to high sodium intakes (2). Excess dietary sodium intake increases blood pressure and consequently increases the risk of cardiovascular diseases (3). Cardiovascular diseases are the leading cause of NCD deaths worldwide, responsible for 32% of all deaths (4).

Reducing sodium intake is an effective way to lower blood pressure and thus reduce NCDs such as cardiovascular diseases; it also reduces other complications associated with high sodium intakes such as chronic kidney disease, obesity, gastric cancer and liver diseases. The importance of reducing sodium intake was highlighted in WHO's 2012 guideline on sodium intake for adults and children (5). The World Health Assembly has also recognized the importance of sodium reduction; in 2013 it adopted the target of a 30% reduction in mean population intake of salt/sodium (6), but the world is not currently on track to meet this goal (7).

In many high-income countries, and increasingly in low- and middle-income countries, a significant proportion of sodium in the diet comes from manufactured foods such as bread, cereal and grains, processed meats and dairy products (8). An effective way to reduce population sodium intake is through lowering the sodium content of foods that are consumed frequently and are therefore contributing to increased sodium intake.

To drive progress on tackling unhealthy diet, WHO and Chatham House convened a roundtable in June 2018 on strengthening the role and contribution of the food and non-alcoholic beverage industry in addressing the burden of NCDs. At that meeting, WHO set out its specific expectations for industry commitments to adopting standardized targets for sodium levels for the food and beverage categories that are

the highest contributors to sodium intake, and commitments to implementing those targets by 2025 (applicable across all food industries – manufactured, retail, out-of-home and food services). In discussion, private sector representatives agreed that it would be important to develop targets based on categories.

The setting of global sodium benchmarks is, therefore, an important step to drive forward progress in sodium reduction. Global benchmarks will help countries to set national policies and act as a basis for ongoing dialogue between WHO and the private sector at the global level.

To move forward with the process of developing global sodium benchmarks, WHO convened a virtual technical consultation on 21–23 October 2020. That consultation was followed by a series of virtual expert meetings, extended through an online consultation, between November 2020 and March 2021. The meetings involved technical experts with direct experience in setting sodium targets or with knowledge and understanding of the technological aspects of salt use and sodium reduction.

To inform the discussions, WHO compiled and analysed data on existing sodium targets. In total, data were collected from sodium targets set in 41 countries, one WHO region, and one WHO subregion. A food categorization system was then developed, building on the work undertaken to develop WHO regional nutrient profile models. Existing target data were used to identify the most common food categories for sodium targets. Initially, subcategories for which five or more countries had set a sodium target were selected, resulting in a list of 45 subcategories in 18 food categories. However, the experts considered this list of subcategories too limited, and it was decided to review all 18 categories and 97 subcategories to assess whether a global benchmark is needed.

Based on the outcome of the technical consultation, and building on the WHO compilation and analysis of national and regional data on existing sodium targets, the following approach was employed:

- definition of benchmarks in the form of *maximum targets* – this type of target was considered to be the most feasible approach for global benchmarks;
- setting of benchmarks at the level of *subcategories* – main food categories are too heterogeneous for meaningful targets to be set; and
- establishing benchmark values based on the *lowest value for each subcategory* from existing national and regional targets, and case-by-case review of each category to check the feasibility to ensure that the target is appropriate for all

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