



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

# Meeting of the WHO Action Network on Salt Reduction in the Population in the European Region (ESAN)

MEETING REPORT

**9-10 May 2017  
Dublin, Ireland**

## **ABSTRACT**

WHO has identified cutting salt intakes as a priority for preventing non-communicable diseases and, globally, countries have already committed to cut salt intakes by 30% between 2010 and 2025. To help facilitate progress in reducing salt intakes, the WHO Action Network on Salt Reduction in the Population in the European Region (ESAN) was established in 2007. The network—which now consists of more than 20 WHO European Region Member States—met in Dublin, Ireland on 9-10 May 2017.

There has been progress in the Region and the salt reduction efforts of many Member States have demonstrated that real and sizeable reductions in salt levels across a range of foods is possible. Tracking the impact on dietary intakes is more difficult, and, although some countries have also been able to demonstrate a drop in average salt intakes, this has not always been possible.

It is clear that progress is uneven and insufficient—no European country is currently on track to meet the global target—and further progress is needed. This may require more use of regulation and mandatory, rather than voluntary, salt contents for particular foods. In addition, there is a role for country-specific intermediate goals to drive forward progress towards the longer-term, global goal. Innovative front-of-pack nutrition labelling shows promise for changing consumer purchases and, potentially, for driving reformulation. Better data are needed to monitor changes in both salt levels and intakes. There is great interest in developing harmonized monitoring of salt in some foods as a tool for both recording progress and highlighting where greater gains are possible.

© **World Health Organization 2017**

All rights reserved. This information material is intended for a limited audience only. It may not be reviewed, abstracted, quoted, reproduced, transmitted, distributed, translated or adapted, in part or in whole, in any form or by any means.

## CONTENTS

	<i>Page</i>
BACKGROUND AND INTRODUCTION .....	1
Background and aim of the network .....	1
Organisation of the network.....	1
INTRODUCTORY SESSION .....	2
Opening addresses.....	2
SESSION 1: Update on salt reduction strategies within the WHO European Region .....	3
Salt modelling in WHO Europe countries .....	3
Developments from France relating to front-of-pack labelling—focus on relevance for salt	5
Country updates .....	7
SESSION 2: Estimating salt intake with dietary assessment methods .....	11
Measuring the effectiveness of salt intake intervention: Can a sodium and potassium specific Food Record Checklist complement or replace 24-hour and spot-urine collections?	11
The SINU questionnaire on awareness and behaviour concerning salt .....	12
SESSION 3: Exploring impact: what are the changes we can measure?.....	13
Salt reductions in some foods and no changes in daily salt intake in the Netherlands.....	13
RICHFIELDS—Designing a world-class infrastructure to facilitate research .....	14
Reformulation and product evolution—real life impact of food industry initiatives .....	15
SESSION 4: Workshop .....	17
Highlights from ESAN meeting 2017 and implications for future work .....	17
Workshop discussions .....	18
Conclusions, next steps, next host country .....	21
Annex 1	23
LIST OF PARTICIPANTS.....	23



## **BACKGROUND AND INTRODUCTION**

### **Background and aim of the network**

The WHO Action Network on Salt Reduction in the Population in the European Region (hereafter referred to as ESAN or ‘the network’) was established in 2007 under the auspices of WHO and with the support of the United Kingdom Food Standards Agency (FSA). Since May 2013 Switzerland has chaired ESAN.

The network was established as a response to the increasing salt consumption of the population, in line with WHO Europe’s designation of salt reduction as a priority intervention for the reduction of noncommunicable diseases (NCDs) in the European population.<sup>1</sup> The network aims to:

- a) promote the identification and sharing of national policies on salt reduction and the types of action undertaken;
- b) describe monitoring and evaluation strategies of salt reduction initiatives;
- c) discuss the public health and cost benefits of salt reduction strategies in different countries;
- d) develop good practice in the area of policy development, implementation, monitoring and evaluation;
- e) promote the development of science and food technology in the relevant areas;
- f) explore the links between salt reduction policies and inequalities.

### **Organisation of the network**

Since May 2013, the Federal Food Safety and Veterinary Office of Switzerland has chaired the network. As of May 2017, the network consists of more than 20 of the WHO European Region Member States. Participants include governmental institutions (or those nominated by government) and representatives of WHO and WHO collaborating centres. The network usually meets once a year, at a meeting organized by the ESAN leading country, in close collaboration with the WHO Regional Office for Europe. The network meeting is an important arena for sharing and discussing experiences in salt reduction strategies.

The 2017 network meeting was held in Dublin, Ireland on 9-10 May 2017. Representatives from 17 countries in the European Region (Austria, Bulgaria, Estonia, France, Greece, Hungary, Ireland, Italy, Israel, Malta, Norway, Portugal, Russian Federation, Slovenia, Sweden, Switzerland and Turkey) participated. In addition, WHO staff from the Regional Office for Europe and Headquarters, representatives of the European Commission and the WHO collaborating centres at the National Institute for Public Health and the Environment (RIVM) in the Netherlands and the George Institute for Global Health, Australia, attended the meeting, along with invited external speakers and a rapporteur.

---

<sup>1</sup> WHO Regional Office for Europe. *Action Plan for the implementation of the European Strategy on the Prevention and Control of Noncommunicable Diseases (2012-2016)*.

## INTRODUCTORY SESSION

### Opening addresses

Michael Beer, Federal Food Safety and Veterinary Office, Switzerland, Chair of ESAN, welcomed all participants to the annual meeting and thanked the co-hosts, the Irish Department of Health and the Food Safety Authority of Ireland.

Pamela Byrne, Chief Executive, Food Safety Authority of Ireland, welcomed participants to Dublin and provided some context on developments in Ireland. The Authority has been working hard with industry and state bodies to achieve gradual and sustained reductions in salt levels in food. This has been coupled with work with public analyst laboratories to be able to monitor levels of salt in food and determine population exposure. The resulting data is used for many purposes—feeding into national policy and to discussion fora, such as this network and the EU High Level Group, as well as informing the procurement of public sector food. Significant reductions in salt levels in foods have been achieved, but in 2015 average intakes were still exceeding the 5 g per day limit recommended by WHO. More progress is needed, therefore, along with consumer advocacy, better labelling and greater collaboration across Europe. All of these efforts are complementary to, and supportive of, the Department of Health's National Obesity Policy and Action Plan.

Minister Corcoran Kennedy TD, Minister of State for Health Promotion, Ireland, welcomed all participants to Ireland and formally opened the meeting. She congratulated WHO on its work on nutrition and obesity. Earlier in May 2017, the Minister launched a report on the results of the four rounds of data collection under WHO's Childhood Obesity Surveillance Initiative (COSI) in Ireland between 2008 and 2015.<sup>2</sup> The results suggest that levels of excess weight in children are stabilising, nonetheless at least one in five children are overweight or obese and, unfortunately, projections suggest that Ireland will become the most obese nation in Europe unless action is taken. Tackling childhood obesity is, therefore, a priority and *Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2015*, launched in 2016, sets a short-term target for a sustained downward trend in levels of excess weight in children and a reduction in the gap in obesity levels between the highest and lowest socio-economic groups by 10% by 2025.

In relation to salt reduction, Step 3 of the Ten Steps Forward set out in the action plan tasks the Department of Health with '*agreeing food industry reformulation targets and reviewing progress.*' A working group on food reformulation is being established and will consider targets for salt, sugar and fats. Ireland has been working on salt reduction since 2003 and, as outlined previously, the voluntary programme of the Food Safety Authority of Ireland has yielded some significant reductions in the salt content of many processed food such as cereal, breads and some processed meats. The Minister acknowledged the work of Wayne Anderson and Karl McDonald at the Authority in this area, and noted that ESAN has been a useful resource and support for this work.

Since 2013, Food Drink Ireland (FDI), the food industry representative body, has developed a platform to drive the reformulation of processed foods. In 2016, FDI issued a report estimating the health impact of reformulation by some of its food industry members on the Irish population (See Session 3). That report provided a platform to begin measuring the impact of reformulation

---

<sup>2</sup> Bel-Serrat S, Heinen MM, Murrin CM, Daly L, Mehegan J, Concannon M, Flood C, Farrell D, O'Brien S, Eldin N, Kelleher CC [2017]. The Childhood Obesity Surveillance Initiative (COSI) in the Republic of Ireland: Findings from 2008, 2010, 2012 and 2015. Dublin: Health Service Executive.

by the industry, now and in the future. The Minister congratulated ESAN members on their progress to date and wished participants a fruitful meeting.

On behalf of WHO Regional Office for Europe, Jo Jewell added some words of welcome and thanked the Department of Health and the Food Safety Authority Ireland for hosting and colleagues from the Swiss Federal Food Safety and Veterinary Office their work in chairing the network. WHO strongly supports this action network as a main vehicle for implementation of one of the priorities set in the *WHO European Region Food and Nutrition Action Plan 2015-2020*—namely, creation of healthy food and drink environments by improving the nutritional quality of foods—and realisation of the global NCD target to reduce salt/sodium intakes by 30% by 2025. New ways of expanding and monitoring national programmes on salt reduction are needed. WHO recognises that this is challenging work, but is encouraged by some results coming from Member States. Presentations from Member States, academics, EU institutions and WHO, along with discussions and exchange between ESAN members, are intended to empower participants to continue their efforts in this area.

To further set the context for the meeting, he presented some very preliminary findings from the recently completed Global Nutrition Policy Review showing progress in the European Region, specifically in relation to reformulation, school health and nutrition policies, marketing of food and non-alcoholic beverages, nutrition labelling and fiscal policies.

## **SESSION 1: Update on salt reduction strategies within the WHO European Region**

### **Salt modelling in WHO Europe countries**

Jacqui Webster, WHO Collaborating Centre on Population Salt Reduction, George Institute for Global Health, Australia, reported on development of salt models to determine agreed targets and/or standards for salt levels in foods.

Every year some journal papers challenge the evidence base and question the rationale for salt reduction. In response, in May 2017 a paper was published with colleagues from WHO, other collaborating centres and academic departments to help explain the science that supports population-wide salt reduction programmes (1). In addition, the Science of Salt Weekly, a research and advocacy project initiated by the World Hypertension League, conducts a weekly systematic review of the literature and produces a summary of relevant studies on salt each week—the vast majority of studies published support the hypothesis that salt reductions are needed.

The Collaborating Centre's 2014 review of salt reduction initiatives around the world found that 75 countries have national programmes in place and at least five new national strategies have been developed since then. Twelve countries had reported a reduction in population salt intake. Of the 75 countries with salt reduction strategies in 2014, food industry salt reduction programmes were identified in 59 and, of these, 38 had targets for salt levels of food and nine countries had mandatory salt targets for some products or categories of food. There is increasing use of legislation to mandate the maximum salt content of food, the vast majority of which relate to bread.

Establishing salt level targets for foods is a means of creating a level playing field for food manufacturers and of overcoming many of the barriers to reducing salt levels in foods. There are several key steps in the process of developing salt targets:

1. Identifying sources of salt in the diet (what proportion comes from packaged foods, eating out, salt added during cooking and the table)
2. Select foods for target setting
3. Select targets
4. Engage with stakeholders
5. Monitor progress.

The most comprehensive way of setting targets is to identify sources of salt in the diet and then develop a model to demonstrate by how much salt levels need to reduce to achieve the population targets. The UK was the first country to do this, development of a salt model highlighted that approximately 80% of salt consumed was in bought foods and produced estimates that a 40% reduction in salt added by the food industry would be required to reduce intakes in line with the national target. In this successful example, strong government leadership and well-monitored voluntary targets for salt levels in foods were key, with support from government-funded behaviour change campaigns and front-of-pack labelling. By 2012, salt intake had fallen by 1.4 g per person per day and there have been parallel reductions in blood pressure and stroke mortality, estimated to be saving 8,500 lives every year (2). Most targets in Europe have been based on dietary survey data. In New Zealand, in contrast, sales data and food composition data were used to estimate salt intakes and set targets.

The WHO Regional Office for Europe has supported the Collaborating Centre to do work examining available sources of data to inform the development of salt models in selected European countries. Simulation modelling methodology should be widely applicable throughout the Region, enabling countries to set targets for reformulation that—when combined with behaviour change to moderate salt intakes by using less discretionary salt or reducing consumption of foods that are high in sodium but cannot be reformulated—will enable the target for population salt intake to be achieved.

Experience in Australia demonstrates the importance of setting salt targets for foods—in 2017, 81% of breads covered by salt targets met the targets (compared to 37% in 2010) while only 49% of products not covered by the targets would meet the targets.

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_26286](https://www.yunbaogao.cn/report/index/report?reportId=5_26286)

