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## Introduction from Professor Graham MacGregor, Chairman of WASH

*Welcome to the WASH summer newsletter. It has been a very exciting time for WASH – we are delighted to announce that world leaders have, after many years of consultations, committed to a global salt target. This target, decided at the World Health Assembly meeting in Geneva in May, is a momentous step forward and we are look forward to supporting countries to achieve this target.*

*I am also pleased to share activities from World Salt Awareness Week – which was, once again, a tremendous success. Congratulations to all those countries that supported the week. We look forward to even more countries taking part next year.*

*I am delighted to report that WASH membership continues to grow; please extend the invitation to join WASH amongst your colleagues, and those with an interest in reducing salt intake worldwide. If you would like any further information about WASH and our activities please [email us](mailto:info@wash.org).*

*We hope you enjoy our newsletter.*

*Best wishes,*



Charity registration number 1098818

## WASH member news



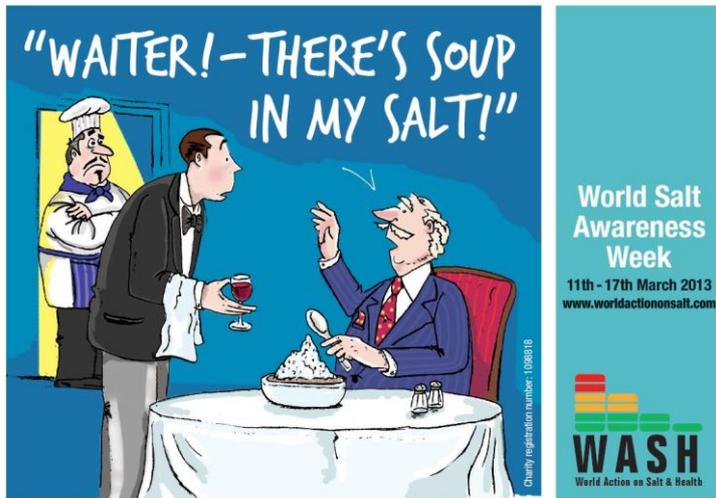
WASH membership has now grown to 527 individuals, from 98 countries. We welcome new members from South Africa, Nigeria, Oman, Kuwait, Lebanon, and Saudi Arabia.

Please click the map above to view a complete list of WASH members. WASH is pleased to support all salt, and sodium reduction programmes around the world.

We encourage all members to invite their colleagues and all those with an interest in reducing salt intake to join WASH. Please [click here](#) if you wish to become a WASH member and/or if you have any updates on salt reduction in your country that you wish to share for future newsletters, and the WASH website.

## WORLD SALT AWARENESS WEEK 2013

World Salt Awareness Week 2013 was held on **Monday 11th – Sunday 17th March 2013**. We asked for ‘*Less Salt Please*’, showing how everybody, including chefs, can use less salt and still enjoy the great flavour of their food.



The aim of the week was to show consumers how to take control of the salt in their own food preparation, by simply using less salty and tastier ingredients, as well as adding less salt during cooking and at the table. However, it is harder to eat less salt when eating food prepared by other people, such as chefs in restaurants, cafes, canteens, takeaway and fast food venues – not to mention recipe suggestions in cook books. These foods can contain a lot of hidden salt, and without labels on these products, it is very hard to make a healthier choice.

Our aim was to highlight to the catering industry, chefs and others involved, the importance of adding less salt to our food and the long-term health implications of eating a high salt diet.

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Many countries supported World Salt Awareness Week for a full evaluation of the week, please [click here](#).

## SALT IN THE NEWS AND AROUND THE WORLD

**UK leading the world in salt reduction;** results from the latest urinary sodium analysis (21.06.12) show that salt intake has fallen in adults from 9.5g to 8.1g per day over the last 7 years, since the setting of the salt targets. This is approximately 1.5g reduction per person, per day.

The UK now has the lowest known salt intake of any developed country in the world. Studies suggest that this 1.5g reduction in average daily salt intake, through the reduction it has on blood pressure, will prevent approximately 20,000 strokes, heart attacks and heart failure, 8,500 of which are fatal, in the UK every year. This provides huge cost savings to the NHS. If the UK achieved the 6g target, an estimated 17,000 lives a year would be saved<sup>1</sup>. Simply by following this successful public health programme, similar percentage reductions would also occur in other countries.

For more information on salt reduction activities in the UK, please [click here](#).

**AUSTRALIA:** The George Institute for Global Health in Sydney has been designated by the World Health Organization (WHO) as a Collaborating Centre (CC) on Population Sodium Reduction. The Centre will undertake

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<sup>1</sup> He FJ & MacGregor GA. How Far Should Salt be Reduced? Hypertension (2003) 42: 1093-1099.

research and support to countries to implement cost effective strategies to reduce population sodium intake.

For more information, please [click here](#).

The George Institute together with the WHO and the International Council for the Control of Iodine Deficiency Disorders Global Network (ICCIDD) hosted an Information Exchange Forum for the Private sector and NGOs, a technical meeting on salt reduction and iodine fortification strategies in public health, March 25-27 2013. This was an opportunity to inaugurate the first WHO CC on Population Sodium Reduction at The George Institute for Global Health.

The meeting confirmed that areas where two initiatives can collaborate and benefit from each other are: joint surveillance as levels of iodine depend on salt consumption, approach to industry promoting salt reduction and universal salt iodization, and advocacy with governments to coordinate both programs. Some of the next steps identified beyond the report of the meeting are the preparation of Policy Statement and media release; organizing leadership through a global interdisciplinary committee under auspices of WHO to define plan and goals, empowering the broader community; promoting research; developing a salt reduction toolkit and updating the WHO ICCIDD guide for program managers and USI regulations.

For more information, please [click here](#).

The **Australian** Division of WASH (AWASH) continues to be very active in its national salt reduction strategy:

AWASH continues its work to coordinate an international collaborative effort to collect information on the composition of processed foods in different countries. The Global Food Monitoring Group now has **29 collaborating countries**. They have collected food composition data for India, China, Fiji, Solomon Islands, Guam, Mongolia, New Zealand and Australia. Data collection is either underway or planned in the UK, Canada, Argentina, Malaysia, Costa Rica and Peru.

The FoodSwitch smartphone app is currently being adapted to assist in collecting the data for Australia, India, Costa Rica and Argentina and the UK, in partnership with Xyris Software.

The Food Monitoring Group has published the following papers:

- ['The variability of reported salt levels in fast foods across six countries: opportunities for salt reduction'](#)
- ['Progress with a global branded food composition database'](#)

*Well done to WASH member Dr Elizabeth Dunford for all her continued hard work.*

Further congratulations to AWASH's Dr Jacqui Webster on publication of a review article on ['National Approaches to Monitoring Population Salt Intake: A trade-off between Accuracy and Practicality'](#). This paper identifies a strong need to establish more practical ways of assessing salt intake to ensure that low and middle

income countries can implement salt monitoring activities effectively.

Please [click here](#) to see latest AWASH activities.

**CANADA:** On May 8, 2013 *Bill C-460, Sodium Reduction Strategy for Canada Act* was narrowly defeated in Parliament of Canada. The Bill was designed to implement the Minister of Health's own unanimous, expert Sodium Reduction Strategy for Canada. If passed, the bill would have helped save \$3 billion in healthcare and productivity losses and prevent more than 9,000 deaths annually attributed to high blood pressure stoked by salt added to the food supply by restaurants and food manufacturers. *Bill C-460* was introduced last November by Deputy Leader of the Official Opposition, Libby Davies.

For more information on the bill, please [click here](#).

For more information on the work of Centre for Science in the Public Interest (CSPI), please [click here](#).

The **Ontario Sodium Alliance** working group, a collaboration of:

- Champlain Cardiovascular Disease Prevention Network
- Department of Nutritional Sciences, University of Toronto
- Heart and Stroke Foundation
- Ontario Medical Association
- Ontario Stroke Network
- Public Health Agency of Canada
- Public Health Ontario

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They are working together to identify, prioritize and pursue opportunities that, in support of the Sodium Reduction Strategy for Canada, reduce Ontarian's sodium intake and reduce the sodium content in Ontario's food supply. The Alliance will also promote and support initiatives that contribute to achieving this objective.

Researchers at the **University of Toronto and University of Ottawa** have created a *salt Calculator* to help consumers and health professionals rapidly assess the amount of sodium a person is consuming and the main sources of sodium in their diet. The *Calculator* contains approximately 30 questions and takes 5 to 7 minutes to complete and has been developed using Canadian eating patterns and the most up-to-date data on sodium levels in Canadian foods. The *Calculator* will provide an individual with a detailed report indicating the major sources of sodium in their diet. It will be available to the public and to clinicians who may wish to use it with their patients to screen and educate about dietary sodium. Please [click here](#) to view the *Salt Calculator*.

**IRAN:** A new study supported by the Nutrition Department of **Iranian Ministry of Health** and Medical Education and the office of the World Health Organisation in Iran, has been published, which identifies a clear advocacy strategy and action plan for reducing salt intake in Iran.

Please [click here](#) to read the full report.

**LEBANON:** The Salt Intake Optimization Group in Lebanon was recently established in February 2012 as

part of the Vascular Medicine Program at the American University of Beirut Medical Centre (AUBMC). The aim of the group is to develop a national strategy to optimize salt intake within the Lebanese population, in collaboration with relevant stakeholders. This initiative is a multi-disciplinary endeavour, which takes an ecological and environmental approach to salt optimization. Its members include individuals from the Faculty of Medicine, Health Sciences, Nutrition and Engineering. The group is currently working on factors affecting individual health behaviours with the aim of tackling environmental factors, including the food industry and national regulation in the next phase. Their present activities include components both in research and health communication.

For more information on the Lebanese Action on Salt and Health group please [click here](#).

**PAHO** has been supporting many countries in the region to reduce population level salt intake:

- **Brazil:** Has agreed targets for mozzarella cheese and cheese spreads and are very close to finalizing negotiation of targets for soups and butter.
- **Barbados:** is finalizing the field work of “Health of the Nation” study, which includes determination of sodium in 24h urine in a subsample of adult population.
- **Costa Rica:** As part of the celebration of the 1<sup>st</sup> year of the Costa Rican SALT reduction program the Minister of Health has issued a decree that declares the national program of salt reduction in Costa Rica

to be of national public interest. This shows highest support of the Government given to the program.

- **Mexico City:** Government banned salt shakers in restaurants. Salt shakers have been replaced with signs on the table of restaurants which read ‘salt in excess is bad for your health and if you need extra salt please ask for a salt shaker’. A similar initiative has already been installed in Argentina.
- **Paraguay:** As part of the celebration of World Health Day (WHD), the Minister of Health of Paraguay issued a Resolution regulating sodium levels in bread, at a level of 25% less than the existing ones. This regulation is a result of national team work drawing attention to bread as the main source of salt in the diet. The Minister of Health in his speech on WHD emphasized the importance of sodium reduction.

**SOUTH AFRICA:** The first country to introduce mandatory sodium targets. According to draft regulations to the Foodstuffs, Cosmetics and Disinfectants Act, food manufacturers have until June 2016 to comply with the first set of sodium (table salt) targets.

For more information please [click here](#).

**SRI LANKA:** The Ministry of Health, Sri Lanka, has decided to make it compulsory for traders to specify salt and sugar content in food products as a means of stopping the rapid increase in non-communicable diseases. Research from Medical Research Institute

shows that an average Sri Lankan consumes 12.5g of salt per day.

For full news article, please [click here](#).

**USA:** The American Heart Association (AHA) has published new research in AHA's journal 'Circulation':

- [Adults worldwide eat almost double the daily amount of sodium recommended by AHA](#)
- [Eating too much salt led to nearly 2.3 million heart-related deaths worldwide in 2010](#)
- [More than 75% of pre-packaged meals and snacks for toddlers contain high levels of salt](#)

**New York City** has launched another public health awareness campaign 'Pass on the salt' to raise awareness of the dangers of a high salt diet. The focus of the campaign is to direct consumers to check the label and choose the lower salt option.

- [http://www.cbsnews.com/8301-204\\_162-57577606/latest-nyc-health-campaign-targets-salt-intake/](http://www.cbsnews.com/8301-204_162-57577606/latest-nyc-health-campaign-targets-salt-intake/)

## **WORLD HEALTH ORGANISATION (WHO):**

The WHO released new guidelines on sodium and potassium in January 2013. The reduction of sodium intake in the population is a cost-effective public health intervention for preventing NCDs, and is one of the nine global targets selected by Member States for the prevention and control of NCDs.

Sodium guideline:

[http://www.who.int/nutrition/publications/guidelines/sodium\\_intake/en/index.html](http://www.who.int/nutrition/publications/guidelines/sodium_intake/en/index.html)

Potassium guideline:

[http://www.who.int/nutrition/publications/guidelines/potassium\\_intake/en/index.html](http://www.who.int/nutrition/publications/guidelines/potassium_intake/en/index.html)

## **WHO –EURO**

The **European regional office** of the WHO released a new report '*Mapping salt reduction initiatives in the European Region*' in April 2013. The report presents an up-to-date view of current salt reduction initiatives in WHO European Member States by highlighting activities related to the action points of the relevant global frameworks.

For full report, please [click here](#).

## **WHO – EMRO**

The **Eastern Mediterranean regional office** of the WHO held a technical workshop on salt and fat reduction in Cairo, Egypt on 10th-11th April. Details of the meeting to follow.

## **WHO –PAHO**

The **Pan American Health Organisation (PAHO)** – This year is dedicated to the fight against the major public health issue, Hypertension, and marked by the celebration of World Hypertension Day, PAHO launched the *Salt Smart Americas Guide for Action in the Countries*, underscoring the important work of a team of distinguished experts, country program leaders and representatives of civil society and their unwavering commitment to stimulate, orient and support action in

their countries. The guide highlights the recommendations, protocols and guidelines developed under the Regional initiative.

For more information, please [click here](#).

## **World Health Assembly – World leaders agree global salt target**

World leaders came together and unanimously agreed to reduce daily salt intake by 30% by 2025. This target is, amongst other targets, set to reduce premature mortality from non-communicable diseases (NCDs) by 25% by 2025. This commitment comes as Member States gathered at the World Health Assembly in Geneva last week to agree an omnibus resolution on NCDs which fulfills some of the commitments made in the UN Political Declaration on the prevention and control of NCDs. NCDs, widely known as lifestyle and chronic diseases, including heart disease, stroke, diabetes, cancer and chronic lung diseases account for two thirds of premature deaths worldwide.

The resolution includes a global action plan and monitoring framework with a set of 9 global targets and 25 indicators. This will enable worldwide tracking of progress in preventing and controlling NCDs, as well as a global coordinating mechanism to coordinate activities and promote engagement of all actors in the global NCD response.

Salt reduction is one the 9 global targets shown to be most cost-effective at tackling the NCD crisis; by lowering blood pressure and therefore reducing deaths from strokes and heart disease. Salt reduction will have

great benefits as is directed towards the whole population so most people will be exposed to the positive effects, also the cost of implementation is very low.

We congratulate and support countries in this momentous step forward. These high-level political commitments to priority actions – such as salt reduction - are required globally and nationally to both treat and prevent NCDs, and will send a strong message to the food, alcohol and tobacco industry that they mean business.

Governments now need to set their own targets and develop a comprehensive NCD strategy to achieve these global targets.

Please [click here](#) for latest updates from the NCD Alliance

Please [click here](#) for World Health Organisation press release

This is a milestone achievement and sends the strong message that all countries are committed to achieving their ambition to reduce premature deaths from NCDs by 25% by 2025.

## **NEW RESEARCH PUBLISHED**

### **Further evidence supporting the American Heart Association sodium reduction recommendations**

In the **US**, The AHA is reaffirming its 2011 advisory limiting sodium consumption to less than 1,500 mg per day, according to a [scientific statement](#) published online Nov. 2 in *Circulation*. Paul K. Whelton, M.D., along with colleagues from the AHA, and Professor Graham Macgregor (WASH Chairman) alongside WASH members, reviewed recent reports of selected observational studies and a meta-analysis that led to calls to abandon recommendations for reduced sodium intake.

The researchers found that a strong and pervasive evidence base exists in support of recommendations for reducing sodium intake in the general population. New animal and human studies have provided evidence linking excess sodium to structural and functional impairment of the heart, great vessels, and kidneys. A detailed review of studies questioning the recommended sodium intake revealed substantial methodological concerns limiting the usefulness of these studies and indicating the potential to yield misleading results and misinterpretation of clinical trial results.

Please [click here](#) to read full article.

### **National approaches to monitoring population salt intake: a trade-off between accuracy and practicality**

A new study published in *PLOS One* highlights the choices and challenges faced by countries in relation to monitoring population salt intake. Authored by Dr Corinna Hawkes, Head of Policy and Public Affairs at the World Cancer Research Fund International and Dr Jacqui Charity registration number 1098818

Webster, Head of Food Policy at the George Institute for Global Health, the study calls for additional research funding to support low and middle income countries to undertake accurate assessments of salt consumption to inform and monitor the impact of salt reduction strategies.

Please [click here](#) to read full article.

### **Higher salt intakes found in people with lower socioeconomic status**

A study carried out by fellow WASH member Francesco Cappuccio and colleagues has shown that people in lower socioeconomic groups eat more salt. Sodium data from over 2,000 white participants were analysed from the 2000-2001 National Diet and Nutrition Survey (NDNS), using a 7 day dietary record and a 24 hour urinary collection. The variation of salt intake in Great Britain was evaluated, and revealed greater salt intakes in Scotland, compared to England and Wales. Higher levels of salt intake were also detected in those of low socioeconomic positions, regardless of where they live.

Please [click here](#) for full article

### **Fewer adults add salt at the table after initiation of a national salt campaign in the UK**

A study conducted by the London School of Hygiene and Tropical Medicine shows that people in England are adding less salt to their food at the table, with the greatest decline (in salt intake at the table) following a national campaign to reduce the population's salt intake, initiated by The Food Standards Agency in 2003. In the first of its kind, this study assessed directly the effect of the campaign on the addition of salt at the table by

consumers. Data was obtained from the Health Survey for England over a period of 10 years and found that since 1997, there has been a steady decrease in the number of people adding salt at the table. This was specifically observed in women, non-white ethnic groups, high and middle-income households and those living within central and southern regions of England.

Please [click here](#) for full article

### **Effect of longer term modest salt reduction on blood pressure: Cochrane systematic review and meta-analysis of randomised trials**

This systematic review and meta-analysis of thirty four trials demonstrated that a modest reduction in salt intake for four or more weeks causes a significant fall in blood pressure, both in hypertensive and normotensive individuals, irrespective of sex and ethnic group. These results support a reduction in population salt intake, which will lower population blood pressure and thereby reduce cardiovascular disease.

Please [click here](#) for full article

### **Nutritional content of supermarket ready meals and recipes by television chefs in the United Kingdom: Cross sectional study**

100 main meal recipes from five bestselling cookery books by UK television chefs and 100 own brand ready meals from the three leading UK supermarkets were analysed for their nutritional content. Salt used for 'seasoning' was not assessed in the chef's meals, but was measured in the supermarket meals. The research found that neither recipes created by television chefs nor ready meals sold by three of the leading UK Charity registration number 1098818

supermarkets complied with WHO recommendations. The recipes were less healthy than ready meals, containing significantly more energy, protein, fat, and saturated fat, and less fibre, but less salt, per portion than the ready meals.

Please [click here](#) for full article

### **Health labelling can influence taste perception and use of table salt for reduced-sodium products**

This study found that emphasising salt reduction by means of a front of pack label can have a negative effect on taste perception and salt use, especially when consumers are able to taste differences between regular products sodium-reduced products.

Please [click here](#) for full article

### **Food Technology report - UK**

In order to reach some of the 'more challenging' salt targets, the Food and Drink Federation and British Retail Consortium commissioned Leatherhead Food Research to produce an independent report to identify technological solutions to salt reduction across 8 "challenging" food categories. We hope the report will benefit the wider food industry and ultimately have a positive impact on health, by offering solutions for those currently not meeting the targets.

CASH does not believe there to be any technical issues with salt reduction that would prevent targets being met by the end of the year. CASH produced their own report highlighting examples of products in each of the problem categories which already meet the targets. This was sent to Leatherhead Food for their consideration when

putting together their report, which was published in June.

Please [click here](#) for the full report.

## **A PINCH OF SALT NEWS**

- [CASH/WASH Response to Iodine Paper](#) (22nd May)
- [NCD Alliance Report 2012-2013](#) (17th May)
- [WASH supports World Hypertension Day 2013](#) (17th May)
- [WASH comment on IOM report](#) (14th May)
- [NCD Alliance Report 2012-2013](#) (17th May 2013)
- [WASH supports World Hypertension Day 2013](#) (17th May 2013)
- [WASH: Stealthy reduction still best – but all food needs clearer salt labelling](#) (23<sup>rd</sup> April)
- [Consumers International launch 'Test your Nutrition knowledge' quiz](#) (23rd April)
- [Is population wide salt reduction necessary?](#) (23<sup>rd</sup> April)
- [Sodium reduction: 'Savoury products across the board are struggling with sodium reduction'](#) (23<sup>rd</sup> April)
- [What's next for salt reduction policy?](#) (19th April)
- [Consumers are attracted to low sodium claims on foods, says new analysis](#) (18th April)
- [Eat less salt, reduce your risk of high blood pressure - support World Health Day](#) (7th April)
- [Reducing salt intake leads to major health benefits](#) (5th April)
- [Effect of longer term modest salt reduction on blood pressure](#) (5th April)
- [High salt intake causes 2.3 million deaths per year](#) (25th March)
- [Ready-to-eat foods for toddlers often too salty](#) (21st March)
- [We are eating too much salt and it's killing us](#) (21st March)
- [CASH Comment on UK Department of Health Salt Strategy](#) (12th March)
- [Fiji Times - 'Salty ain't healthy'](#) (11th March)
- [New research by CASH exposes amount of salt hidden in restaurant food](#) (11th March)
- [CASH Public Opinion Survey on salt intake in restaurant meals](#) (11th March)
- [New research reveals salt linked to immune rebellion](#) (7th March)
- [CASH Comment: American Heart Association](#) (12th February)
- [World Health Organisation - New guidelines on dietary sodium and potassium intake](#) (31st January)
- [CASH Comment on Study on table salt addition in the UK](#) (29th January)
- [Higher salt intakes found in people with lower socioeconomic status](#) (21st January)

## NEW RESOURCE

In support of a request from Low and Middle income countries WASH has developed a new salt factsheet, with a focus on developing successful salt reduction strategies in Low and Middle income countries. Please contact us if you would like a copy of this factsheet to print for free.

### Reducing salt; saving lives

A Focus on reducing the global burden of non-communicable disease (NCDs) in Low and Middle Income Countries





**Why 5g?**  
Adults should consume less than 5g per day, about a level teaspoon. It is particularly important that children do not eat too much salt, as blood pressure first starts to rise in childhood.

**The WHO set a worldwide target of 5g in 1983, which was further endorsed in 2003, 2006 and 2012.**

**Salt and Sodium**  
Salt is also called sodium chloride. It's the sodium in salt that can be bad for your health. Sodium, or salt, is usually listed in the nutritional information on food labels.

**Salt = sodium x 2.5 e.g. 1g sodium = 2.5g salt**

**Salt damages your health**  
Raised blood pressure is the biggest cause of death in the world (7 million deaths a year) and is responsible for two thirds of strokes and half of all heart disease.

**Salt is the major factor that puts up our blood pressure, the biggest killer worldwide.**

**We are all eating too much salt**  
Small amounts of salt (sodium and chloride) are essential for our wellbeing. Adults need less than 1 gram of salt per day. However we all eat much more than required; salt intakes range from 8 to 18 grams a day around the world; hence we have a global epidemic of blood pressure-related disease.

In developed countries most of the salt is hidden in foods that we buy, however in developing countries most of the salt that we eat is added during cooking, in cooking sauces and at the table.

**Salt reduction will save lives**  
Worldwide, it is estimated that a reduction of 6g/day in salt intake would prevent approximately 2.5 million stroke and coronary heart disease deaths a year. Over a longer period of time, there would be an even greater effect as it prevents the rise in blood pressure that occurs with age.

**A 15% reduction in low and middle income countries over 10 years would save more than 8.5 million deaths.**

**Salt reduction is easy and cheap**  
Salt reduction is the simplest, most cost effective measure for reducing cardiovascular disease because of its high impact on health, high feasibility and low cost of implementation.

**The cost for salt reducing measures in low and middle-income countries is estimated at US\$ 0.09/person per year.**

Salt reduction has been identified as a priority intervention and listed as a 'best buy' in NCD prevention; each country should now develop a salt reduction programme.

\* He FL, MacGregor GA. A comprehensive review on salt and health and current strategies of worldwide salt reduction programmes. *Frontiers in Nutrition* 2020; 7: 363-384.  
\* Akmal R, Chikwili S, Mariani C, et al. Current global government health policies and financial costs of strategies to reduce salt intake and control hypertension. *Lancet* 2022; 399: 2046-2053.



**World Action on Salt & Health**

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