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REGIONAL OFFICE FOR **Europe**

12th MEETING OF THE WHO ACTION NETWORK ON SALT REDUCTION IN THE POPULATION IN THE EUROPEAN REGION (ESAN) MEETING REPORT

Virtual meeting, 1 September 2020



ABSTRACT

To help facilitate progress towards the globally agreed target to cut salt intakes by 30% by 2025, the WHO Action Network on Salt Reduction in the Population in the European Region (ESAN) was established in 2007. The 12th ESAN meeting took place virtually on 1 September 2020. The meeting welcomed 49 participants, including 43 representatives of 25 Member States, invited speakers and WHO staff.

Eleven countries provided updates on implementation of national salt reduction actions. These included new or updated reformulation initiatives, new standards for food in schools, results of monitoring of sodium levels and evaluation of ongoing or recently completed reformulation initiatives, results of new studies to measure salt intakes, piloting of new methods to assess sodium levels in the out-of-home sector and the introduction of new front-of-pack labelling schemes. In addition, new practical guidance and tools were presented to support countries in the development and implementation of salt reduction strategies and activities. Ongoing WHO work to support countries, develop global sodium benchmarks and obtain commitments from the international food and beverage industry to reduce sodium levels was highlighted.

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Background and Introduction

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. Since May 2013 Switzerland has chaired ESAN.

The network was established as a response to concern about the increasing salt consumption of the population, in line with WHO Europe’s designation of salt reduction as a priority intervention for tackling noncommunicable diseases (NCDs) in the European population.¹ The main aims and objectives of ESAN are to:

- establish, within the WHO European Region, a network of countries committed to reducing salt intake and building international action on salt reduction;
- provide opportunities for information exchange on the implementation of salt reduction strategies, as well as on related activities and achievements;
- provide opportunities for information exchange on technological progress and developmental processes related to salt reduction; and
- develop guidance for Member States wishing to develop salt reduction strategies and provide technical expertise on the different aspects of a salt reduction strategy, such as setting salt targets, monitoring levels of salt intake and salt in products, and communicating with the public.

Organisation of the network

Since May 2013, the Federal Food Safety and Veterinary Office of Switzerland has chaired the network. As of September 2020, the network consists of 34 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 12th ESAN meeting took place virtually on 1 September 2020, hosted by the Federal Food Safety and Veterinary Office of Switzerland and co-organized by the WHO Regional Office for Europe.² The meeting welcomed 49 participants, including 43 representatives of 25 Member States, invited speakers and WHO staff.³

Welcome and opening remarks

Michael Beer, Chair of the network, Switzerland, welcomed all participants to the meeting and thanked all for their engagement. He invited Member State representatives to share a short update on the country situation and urged them to continue to exchange experience and discuss issues.

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

² See Annex 1 for the meeting programme.

³ See Annex 2 for the list of participants.

Update on salt reduction activities in the Region

A number of countries gave updates on recent initiatives or progress with salt reduction strategies.

Cyprus

Eliza Markidou, Ministry of Health, presented a quick update from Cyprus. Only one official study, from 2009, on sodium consumption is available and this estimates salt intakes to be 5.1 g per person day. However, there are doubts about these relatively low levels. The same study found high prevalence of overweight and obesity in the country. This was confirmed among children by the WHO European Childhood Obesity Surveillance Initiative (COSI), which found that 43% of 9-year-old boys and of girls in the country had overweight or obesity. Examination of the food environments in Cypriot schools found that sweet snacks, ice cream and savoury snacks were available in 91%, 95% and 86% of schools respectively.

Due to this high prevalence of obesity, cardiovascular disease and hypertension, and high incidence of stroke, the Ministry of Health decided that salt reduction should be a priority and devised a salt reduction strategy, starting in 2015. This has included educational activities, such as the Throw your Salt Shaker campaign in 2017. In addition, a dialogue was initiated with local industry, requesting them to gradually reduce salt levels in food. The industry reacted positively and there were a number of commitments to voluntary reductions, particularly in nuts, grains and popcorn. The major problem to salt reduction is the very high levels of salt in local products such as halloumi, feta, Cyprus village sausage, pastourma and lountza. The high salt levels in some products (e.g., halloumi and feta) are even prescribed in Cyprus food standards registered with the European Union.

In addition, an upper limit of 0.3 g salt per 100 g of product for food products sold in school canteens. However, the industry has challenged the appropriateness of this standard for children aged between 15 and 18 years and is refusing to comply with the standards. In addition, the manufacturers of salty snacks (popcorn, chips etc) have raised objections that it is unfair that their products cannot be sold in canteens, while sandwiches with very salty local cheeses etc., can still be sold.

A third problem is packaging and food labels — manufacturers claim to have ordered packaging for up to three years in advance, thus when they have reformulated the products the label will no longer be accurate.

Germany

Editha Giese, Federal Ministry of Food and Agriculture, presented an update on salt reduction efforts as part of Germany's National Reduction and Innovation Strategy for Sugar, Fats and Salt in Processed Foods.

The development of a national reduction strategy was envisaged in the coalition agreement in March 2018 and its adoption took place in December 2018, with implementation starting in 2019. In April 2020, the first product monitoring results were published, and an interim report was scheduled to be published before the end of 2020. The goals of the German reduction strategy are to be achieved by 2025.

The strategy mainly relies on the voluntary commitments of the food industry and artisanal food sector to reduce levels of sugar, fats, salt and energy in processed foods. It also comprises the funding of innovative research in the context of food reformulation and awareness-raising measures to improve food literacy. The strategy has a clear focus on children and adolescents, as can be seen in the voluntary commitments, many of which specifically relate to products aimed at children.

Two commitments to salt reduction had been obtained by September 2020:

- the bakery trade agreed to reduce salt peaks in bread and to conduct awareness-raising campaigns to advocate a reasonable and moderate use of salt;
- the frozen foods industry aims to limit the salt content of frozen pizza to 1.25 g / 100 g on average by 2025.

Product monitoring is carried out by the Max Rubner-Institut, Federal Research Institute of Nutrition and Food, to determine changes in sugar, fat, salt and energy contents of processed foods over time. On the basis of the results, the Ministry decides whether further action needs to be taken or adjustment of the measures is required. The first follow-up of the product monitoring was conducted in autumn 2019 for selected product categories including frozen pizzas. Results were published in April 2020.

The data collected as part of the product monitoring is mainly obtained from manufacturer or retailer websites, complemented by inquiries submitted to food producing companies and retailers and purchases/photography of products in supermarkets. Two separate data analyses were conducted: (i) one comprising the entire range of products on the market and (ii) one comprising only the products most frequently purchased by a representative consumer panel.

The monitoring results of frozen pizza showed no significant salt reductions between 2016 and 2019, but there was a trend towards lower salt contents in most sub-categories. The overall product category had reached a median salt content of 1.20 g /100 g. The most popular sub-category, pizza salami, exhibited the highest median salt content. The results also showed that there is a wide range of salt contents within the sub-categories, indicating potential for reduction.

Another follow-up of the monitoring was conducted in autumn 2020, covering the following product categories: ready-to-eat meals for children; bread and bread rolls; meat products; cereal, fruit and nut bars; and, fruit/vegetable preparations for children.

The next steps will be to seek further voluntary commitments for salt reduction in bread/bread products and meat products and to integrate the out-of-home sector into the strategy.

Hungary

Eszter Sarkadi-Nagy, National Institute of Pharmacy and Nutrition, provided an update on salt reduction efforts in Hungary.

A variety of different initiatives have been introduced in recent years towards salt reduction. These include the Stop Salt! National Salt Reduction Programme in 2010, the Public Health

Product Tax since 2011, nutritional standards for public catering, revision of food standards to set a reduced maximum salt content of bread (2.35% of dry weight) and processed meat products (5%) and the voluntary salt reduction initiative with the Hungarian Association of Food Manufacturers.

The focus is now on monitoring. The 2018 Public Health Survey (representative survey of the adult population) found that a proportion of the population claims to follow a low-salt diet, a substantial proportion claim to never add salt to food before consumption and that the level of knowledge that excess salt intake causes high blood pressure was high. Nonetheless, the results from the three-day dietary diary (2018) show high salt intakes (16.2 g per day among males 35-64 years and 11.7 g per day among women 35-64 years). Previous surveys with the same methodology suggest that there has not been a significant decline in salt intake between 2009 and 2019.

A second survey was conducted in 2019, measuring 24-hour urinary sodium excretion as part of a wider biomarker survey among adults over 60 years. This survey, involving 189 participants, found median intake of 12.3 g per day in men and 9.1 g per day among women. The data were not normally distributed. Only 7% of men and 7% of women met the Hungarian/WHO recommendation for salt intake (5 g per day).

The discordance between the three-day diary survey results and the 24-hour urinary collection suggests that the food composition database for calculating salt intakes needs to be updated. The National Institute of Pharmacy and Nutrition started, therefore to collect nutritional composition data of processed foods in late 2018. Data are collected from online shops and are entered manually. There are currently results in 30 food categories more than 3,900 records. There are plans to improve this data collection in the future, with more different methods (e.g., automated data scraping, collaboration with retailers and GS1, requiring manufacturers/retailers to provide data). Future plans for monitoring include participation in BEST-Remap project, participation in the Euremo project, maintenance of the food database and work to validate the reliability of the nutrition label with laboratory measurements.

Ireland

Sinead O'Mahoney, Food Safety Authority of Ireland, gave an update on Ireland's Voluntary Salt Reduction and Monitoring Programme 2003 – 2020.

The initial goals of the programme were to achieve gradual, sustained and universal reduction in the salt content of processed and prepared food and to achieve a 6 g per day salt intake for the Irish population. Achievements and lessons learned include a collaborative voluntary model, better data on salt content of foods in Ireland, improved labelling of salt on products and improved choice of products for the consumer.

Over 17 years, the programme has achieved reductions in sodium content of between 13% and 29% (depending on sub-category) in breads, between 9% and 31% in processed meats and between 38% and 63% in breakfast cereals.

Other ongoing work includes updating the salt reduction target to be included in Ireland's reformulation roadmap (including energy, fat, sugar as well as salt). There is an ongoing salt monitoring programme — which in 2020 was focused on prepared food — a study is being conducted to verify label salt contents, comparing label values and laboratory analyses in breakfast cereals.

In addition, a pilot study is being conducted to investigate the feasibility of assessing the salt content of meals available in out-of-home eating locations in Ireland. The study is based on a

convenience sampling approach to investigate salt content of takeaway lunch options (pre-packaged sandwiches from a range of stores). Samples are being analysed for sodium and potassium.

The Irish food industry has been driving the voluntary programme of food reformulation, including salt. In February 2019, the industry published a report entitled *The evolution of food and drink in Ireland 2005 – 2017*.

The FSAI is developing a salt action plan to ensure that salt reformulation efforts continue alongside other reformulation efforts by the food industry, and to ensure best practice in terms of salt reformulation and monitoring practices in Ireland. This will consist of a review of European and international policies, an assessment of how Ireland is doing in relation to these policies based on salt monitoring data, development of a report and making recommendations to stakeholders.

A three-year sodium excretion study is being conducted, with the aim of estimating the daily urinary excretion of sodium and potassium in Irish adults. The methodology for this study was revised following guidance received at the ESAN meeting in 2019. Progress on the study has been somewhat delayed because of COVID-19.

Israel

Ronit Endevelt, Ministry of Health Nutrition Division, presented an update from Israel.

Israel introduced mandatory and voluntary front-of-pack labelling in January 2020. Mandatory warning labels were introduced for salt, sugar and saturated fat. There is also a voluntary healthy food endorsement logo.

The prevalence of diabetes is not declining in Israel and there is a high prevalence among lower socioeconomic groups. Among 12-year-old children, around 30% were living with overweight or obesity in 2018, and this has not changed since 2011 and is higher within some sub-groups. By age 55 around 50% of the population suffers from hypertension.

A 2016 study on sodium consumption found that average intakes are 9.5 g per day for adults and 12 g per day for children, meaning that the population is consuming about twice the recommended level.

The Ministry of Health accessed Euromonitor data to identify the key sources of data. In 2015 there was a sharp decline in consumption of processed meat, following the IARC warning about processed meat consumption and cancer. Consumption of savoury snacks, however, has increased sharply. Table salt purchases, in contrast, have declined dramatically. The percentage of dietary energy from ultra-processed foods is 50% for adolescents and is 41% for adults.

The first stage of the front-of-pack red warning labelling scheme was introduced in January 2020, with a threshold of 500 mg per 100 g in solid food and 400 mg in 100 ml liquids. The second stage — with thresholds of 400 mg and 300 mg respectively — takes effect on 1 January 2021. Many companies reformulated their products to lower the salt contents before the warning label was introduced. The labelling schemes have been promoted through social marketing.

The green label for healthier foods and products is now being widely used and is accompanied by nutritional guidelines. There is a high level of support for government-controlled labelling among the population. There are also high stated levels of motivation within the population to

buy healthier foods. The scientific process of developing criteria for the green label has been set out in a scientific paper.⁴

Recognizing that front-of-pack labelling alone is not sufficient, the Ministry has introduced other measures, such as, regulations on healthy eating in school kiosks (products with red warning labels not permitted), regulation on nutrition standards for school lunches and integration of nutritionists into baby clinics.

Going forward, the recommendations of the Nutrition Division are to apply the warning symbols law as planned on time, to launch the new “food arc” to support lifestyle change, to promote economic accessibility of healthy food, to focus on food security, to promote regulations to control food marketing to children (the voluntary pledge has not been successful), introduce menu labelling in restaurants and tax sweetened beverages. In addition, the role of regional nutritionists in local municipalities is being emphasized.

Italy

Pasquale Strazzuli, Federico II University of Naples, provided an update from Italy. The Italian Ministry of Health Gain Health programme was started in 2007 and, in partnership with the Minisal programme which brings together scientific societies, several actions have been undertaken in the last decade.

Results of a 2008-2012 survey on a representative sample of Italian adults, using 24-hour urinary excretion, were reported to an earlier ESAN meeting. A more recent survey was carried out 2018-2019, on a sample of the Italian adult population. Both surveys were supported by the Italian Ministry of Health and carried out by the National Institute and the Federico II University of Naples. The study was carried out in 10 regions — with randomly selected sub-samples of about 100 men and 100 women per region, with a total of around 2,000 participants in both surveys.

Preliminary results suggest that average sodium excretion over 24 hours fell between the first and the second survey. Nevertheless, the average salt intake in Italy remains definitely higher than the level recommended by WHO for both genders, all Regions and every class of age, BMI and educational level.

Lithuania

Dr Marius Miglinas, Vilnius University, provided an update from Lithuania.

NCDs and their risk factors are highly prevalent in Lithuania but there is scant information about salt intake available. In 2019, the National Salt and Iodine Intake Survey (Natrijod) was initiated, supported by State Public Health Promotion and WHO. The purpose of the survey was to estimate the consumptions of sodium (salt), potassium and iodine in a representative sample of adult men and women, using the gold-standard measure of 24-hour urinary excretion as a measure of intake and to explore knowledge, attitudes and behaviours toward dietary salt consumption.

In the first phase of the project, training for the organization and implementation of a survey using 24-hour urinary sodium excretion methods, based on the WHO protocol, was provided in January 2019. Ethical approval has been obtained and all participants sign informed consent. A representative sample has been selected from registered patients aged 18-69 years in primary

⁴ Gillon-Keren et al. Development of criteria for a positive front-of-package food labelling: The Israeli case. *Nutrients* 2020, 12(6), 1875. <https://www.mdpi.com/2072-6643/12/6/1875>

health centres, with sex- and age-stratified random sampling and a total sample size of 1,000. Sampling was conducted in three regions (South-East, North and West). The response rate varies between age groups, but is 30% on average and has actually increased after the COVID-19 lockdown. The field work began in May 2019 and is ongoing, completion having been delayed due to the pandemic.

Future steps will include the laboratory measurements of sodium, iodine, potassium and creatinine, calculation of salt, iodine and potassium intake, feedback to participants and, in early 2021, presentation and dissemination of results. A final publicity campaign is also planned and it is hoped that the results will help with design of effective national population-based interventions directed at reducing dietary sodium and optimizing iodine intake.

Netherlands

Ivon Milder, National Institute for Public Health and Environment (RIVM), provided an update on policy and monitoring for the Netherlands.

The Dutch Agreement on Product Improvement, which included voluntary targets for sodium and other nutrients, has been in place between 2014 and 2020. In 2019 the National Prevention Agreement 2019-2040 was initiated. It includes actions on smoking, problematic alcohol use and overweight, along with a new national system for food product improvement and introduction of front-of-pack labelling (Nutri-Score) in 2021.

The new national system for food product improvement is based on stepwise criteria by product group (food category) to be developed by an independent work group. If necessary, there is consultation with food technology experts. The food group classification was based on those developed for the previous reformulation programme. The aim is to limit the number of sub-categories were possible and only to add extra sub-categories when substantial differences (>25%) are observed. The programme will begin with products that are high in salt, saturated fat and sugars, contributing 3% or more to average dietary intake. Data are obtained from the LEDA branded food composition database. At a later date targets may be set for fibre, package/portion sizes, meals and the out-of-home sector.

The general approach for setting the stepwise criteria is to set limits according to the quartiles of current salt levels within the category/sub-category — with targets set at the 25th, 50th and 75th percentile. Where large differences between sub-category within the category (>25%) are identified, an additional sub-category needs to be added. Additional sub-categories may also be added on the advice of food technology experts, if the available data allow. The previous limits from the earlier food improvement programme were already taken into account.

The new system includes incentives for business, including the naming of best practice and implementation of Nutri-Score.

The aim is that the proportion of products in the highest quartile will reduce from 25% to 10% and the proportion in the lowest quartile will increase from 25% to 40%.

As part of the process there will be stakeholder meetings and an online public consultation. In addition, the possibilities of aligning the system with Nutri-Score will be explored.

RIVM is involved in multiple monitoring activities, including, among others, the final monitoring of the Agreement on Food Product Improvement and analysing the impact on daily intakes of salt and sugar.

Norway

Henriette Øien, Norwegian Directorate of Health, presented an update on monitoring of salt reduction in food products in Norway, following evaluation of the first three years of the partnership.⁵

The principal objective of the Salt Partnership is to implement the process of reducing salt in food products and food served in order to achieve a 15% reduction in the population's salt intake by 2018 and a 30% reduction by 2025, in line with the national goals for reduced salt intake in the population and WHO global target for the prevention of NCDs.

The Salt Partnership consists of enterprises in the food industry (mostly Norwegian), hotel, restaurant and catering industry, trade organizations and associations, research groups, interest groups and health authorities. By the end of 2018 there were 91 participants.

The Salt partnership has developed salt targets for 100 food categories. They are average targets for products in the category, and industry are working towards the salt content being at the same level or lower than the salt reduction targets for the category.

Average salt intake is measured in both national dietary studies and urinary sodium analysis. The national dietary survey, Norkost 2011, forms the basis for the national goal for salt reduction. The next national dietary survey will take place in 2021.

In the Tromsø study 2015-16 both 24-hour samples and spot urine were collected and analyzed in a population of 500 men and women. The results show a salt intake of 10.4 g in men and 7.6 g in women. The next study will start in 2021.

To monitor the salt content in processed foods, Tradesolution databank — a product database of about 9,000 products on the grocery market owned by the industry — is used. The salt content has also been analyzed in 200 key products, in 2014 and 2018. The results are presented in the evaluation report together with results relating to consumer knowledge and attitudes.

The 100 food categories in the salt lists were combined into 38 food categories in the Tradesolution data. Among the 38 categories, there are 27 categories with one or two salt targets. These represent the main sources of salt in the diet as cereals, meat products, fish products, cheese and edible fats and other foods (pizza, dressing, sauce etc). The first data extraction is from July 2016, and do not, therefore, represent the beginning of the partnership. The data extractions from 2016 and 2018 show average values, while the extractions from 2017 and 2018 also show weighted average values based on wholesale volume. To describe a change in average salt content over time, a difference of at least 5% (+/-) was set.

Bread and cereal products are one of the main dietary sources of salt in Norway. The results show that the average salt content is lower for two of the categories (shelf-stable bread products and crisp bread) and higher in one category (flour and cake mixes) in 2018 than in 2016. Weighted average salt content is within the salt target in four categories. Average for fresh bread (2018 data) is 12% above the salt target, while weighted average is 7% above. Although the average salt content for fresh bread is above the recommended salt target, a somewhat lower weighted average indicate that high volume products are making progress in reducing salt.

Meat products are also a major dietary source of salt in Norway. The average salt content is lower in six of 12 categories among meat products in 2018 than in 2016. Five of 12 categories

⁵ The report is available from <https://www.helsedirektoratet.no/english/salt-and-the-salt-partnership>.

are within the salt target. Weighted average salt content is below the salt targets in seven categories in 2018. The most significant decrease in the weighted average is for minced meat and cold cuts.

Overall, compared with 2016, the average salt content was lower in 16 out of 31 categories (approximately 50%) in 2018. The average salt levels in approximately 40% of the food categories are within or below the salt target in 2018. The weighted average, considering the wholesale volume, indicates that approximately 60% of the categories are within or below the salt target. This may indicate that high-volume products in these categories are slightly ahead in the work on salt reduction compared with products with lower sales volumes.

The Salt Partnership so far has been successful, although achievement of the salt targets in even more food categories would have been preferable. It is considered important that all actors are able to work together towards common goals and that they wish to continue the partnership for the period 2019-2021. The goal by 2021 is a 20% reduction in salt intake, corresponding to 8 g/person/day. New salt targets for 2019-2021 are reduced by 6 % in 60 % of the categories to meet the new goal.

Spain

Maria Jose Yusta Boyo, Spanish Agency for Food Safety and Nutrition (AESAN), presented an update on current salt reduction activities in Spain.

Collaboration Plan for the Improvement of Food and Beverage Composition 2020

The Collaboration Plan⁶ includes 20 official agreements, containing 180 commitments that have been signed with sectoral associations that represent 398 companies in five food industry sectors (manufacturing, retail, contract catering, modern restaurant, vending). Manufacturing and retail agreements cover 13 categories and 57 sub-categories of processed products, and targets have been set for sugar, fat and salt.

In order to establish the 2020 targets, a study was conducted in 2016 using labelling and sugar analytical data to establish the baseline median nutrient content. Percentage reduction targets were then established at sub-category level.

Specifically for salt, there are agreements for five categories and 21 sub-categories. In the contract catering, modern restaurant and vending sector specific agreements related to salt were also introduced (e.g., increase from 10% to 50% the offer of toasts/bread without salt in seven-day full board residential centres; 33% reduction in the salt content of single-dose packets in the modern restaurant sectors; 100% purchase of reformulated products in the vending sector).

The mid-term evaluation of the Collaboration Plan focused on the manufacturing and retail sectors. It consisted of a food composition study designed by AESAN and performed by an independent laboratory. Samples were collected and analyzed at the end of 2019. For salt the sample size was 156 products in 21 sub-categories. For each product, nutritional data were collected from the label and analytical data obtained for sodium content. For each sub-category, the median salt content and the interquartile ranges — between the 25th and the 75th percentile — were calculated and compared with the median content in 2016. For each product there was comparison of the labelling data and the analytical data to check the labelling compliance with the permitted tolerance range. In addition, there was comparison with labelling data for the same products selected in 2016 and the distribution of salt levels within the sub-category.

⁶ http://www.aecosan.msssi.gob.es/AECOSAN/docs/documentos/nutricion/Plan_Colaboracion_INGLES.pdf

According to labelling data, median salt content was reduced in nine sub-categories (with four achieving the 2020 target), it has remained stable in three sub-categories and increased in a further three sub-categories. In six sub-categories evaluation of the median content was not possible due to small sample size. In almost all the sub-categories there are products that have reduced their salt content according to the labelling data in 2016 and 2019. There are, however, still products that have not reduced their salt content and have values above the 2020 target.

No statistically significant differences were observed between analytical and labelling medians in any of the sub-categories, although the sample size is small. Out of 150 products analyzed, 17 products (11.3%) did not comply with the legal tolerances for label data.

The mid-term results were presented via videoconference to the sectoral associations and to inform them about the next steps towards the final evaluation that will take place in early 2021. The main conclusions of the video conference were that the plan is a commitment of all. All companies committed to reaching the 2020 targets, and those companies that have not yet reduced the levels should not rely on the efforts of others to meet the category targets. The importance of keeping the label up-to-date, in order to make reductions visible and to comply with European legislation on tolerances, was noted. For the final evaluation in 2021 it was agreed to collect data on all the products of all the brands of companies that have made commitments. Label data will be collected for all products, while analytical data will be obtained from a sub-sample.

Salt reduction in bread

This initiative started in 2004 with an agreement between AESAN and Spanish bakery sector which achieved a reduction of 26% in salt content of bread over 4 years. In 2019 a new Royal Decree (308/2019) approved a new quality standard for bread, which sets a maximum limit of 1.66 g of salt per 100 g of bread. This is equivalent to a 20% reduction according to a 2014 study on the salt content of bread.⁷ The Decree broadens the definition of “common bread” to include breads made with wholegrain flours so that these breads have a super-reduced VAT making it easier to buy and consume them, especially for lower-income population groups. The Royal Decree applies stricter requirements for wholegrain bread, such that 100% of the flour used must be wholegrain.

Front-of-pack labelling (Nutri-Score)

On 26 June 2020 the Minister of Consumer Affairs announced that Nutri-Score will be introduced in the first quarter of 2021 as the front-of-pack labelling that Spain recommends to food industry operators to use on their products in the national territory.

Switzerland

Steffi Schluechter, Federal Food Safety and Veterinary Office, presented an update on the monitoring of salt levels in bread in Switzerland.

Bread was selected for monitoring because bread contributes about 24% of the salt intake for the Swiss population. The monitoring was collected in two steps:

- *Artisan bread* — analysis of 164 types of bread purchased in 83 bakeries in six cantons; and

⁷ Pérez Farinós N, Santos Sanz S, Dal Re M^aÁ, Yusta Boyo J, Robledo T, Castrodeza JJ, Campos Amado J, Villar C. Salt content in bread in Spain, 2014. *Nutr Hosp*. 2018 May 17;35(3):650-654. English. doi: 10.20960/nh.1339. PMID: 29974775.

- *Industrially-produced bread* — compilation of industry-reported salt levels in 1,058 bread products submitted by four producers and distributors. In addition, analysis of the sodium content was performed on 19 random samples to check the conformity with the declared values.

The results of the 2019 analyses of artisan bread found mean salt content of 1.72 g per 100 g fresh bread. This is equivalent to 2.48 g per 100 g of dry matter, which is higher than the 2.13 g per 100 g dry matter found in 2014.

For industrial bread, the mean was 1.4 g per 100 g fresh bread, ranging from 1.18 in croissants to 1.5 g in Lye bread. The analysis of the 19 samples analyzed found a high level of consistency with reported data, suggesting that the reported data are reliable.

The Swiss Association of Bakers and Confectioners' target is for 1.3 – 1.5 g salt per 100 g fresh bread. The majority of artisanal breads are above the target level. For the industrial bread, the variation is bigger, but the data suggest that the majority of breads included meet the target.

Results of earlier monitoring had suggested that breads were mostly meeting the target salt levels, but this latest monitoring suggests that many breads are not, including the majority of artisanal breads. This demonstrates that it is important to maintain ongoing monitoring. Further cooperation with the Swiss Association of Bakers and Confectioners is planned, to develop training and further education for bakers. In addition, commitments from producers will be sought, in the framework of an extended Milan Declaration. The next monitoring is planned for 2021.

Update on salt reduction tools

The second session provided participants with updates from WHO on salt reduction activities, including salt reduction tools.

Country salt reduction package launch

Clare Farrand, WHO Regional Office for Europe, provided information on a new tool to help countries implement salt reduction actions. *Accelerating Salt Reduction — A country support package to reduce population salt intake in the WHO European Region* was launched in July 2020.⁸

Salt reduction is a WHO best buy for NCD prevention and control, and reducing salt intake by 30% could save 6 million lives each year. The Regional Office for Europe developed a package to provide very practical guidance to countries for implementation of salt reduction, in line with the priorities of the European Programme of Work (EPW).

The country support package builds on existing and previous tools, such as the SHAKE package developed by WHO headquarters. It also uses the learning from the numerous salt reduction initiatives that have already been implemented in Europe.

The package details the most advanced guidance to date and includes three chapters: programme management; technical support; and policy interventions.

⁸ https://www.euro.who.int/__data/assets/pdf_file/0006/457611/Accelerating-salt-reduction-in-Europe.pdf

The first chapter outlines processes and elements that need to be put in place to develop a successful salt reduction strategy and addresses how to integrate salt reduction into broader strategies.

The second chapter presents guidance and tools on:

- measuring and monitoring salt consumption, main sources of salt, sodium content in foods and population knowledge, attitudes and behaviour;
- setting targets to reduce the sodium content of food; and
- modelling dietary salt intake to achieve population salt reduction.

The third section focuses on key policy interventions to reduce population salt intake, including education and communication, creating healthy food environments through reformulation, identifying opportunities for the use of salt substitutes, implementing standards for front-of-pack nutrition labelling, implementing standards for marketing to children and interventions in settings to support less consumption of salt. There is a link to resources and a checklist at the end of each chapter.

The package is intended to be continually updated, as learning from country experience develops further.

Salt intakes in Europe and Prime model tool

Kremlin Wickramasinghe, WHO European Office for the Prevention and Control of NCDs, outlined other areas of ongoing work on salt reduction by WHO in Europe.

At the previous ESAN meeting it had been suggested that the NCDprime model usefully be used to estimate the potential number of lives that could be saved by reducing salt intakes in Europe. Since then, WHO has started to work on development of a tool for such analyses. The tool, *NCDprime— Modelling the impact of national policies on noncommunicable disease mortality using PRIME: a policy scenario modelling tool*, is now on the WHO Regional Office for Europe website.⁹ There is a manual which provides step-by-step guidance. The model uses Microsoft Excel, and does not require any specialized software.

WHO has been contacting countries to get up-to-date country data on mean salt intakes, and currently has data from 47 countries (out of 53), although in some cases the data are quite old. Once the data set is complete it will be possible to estimate how many lives can be saved at the Regional, sub-regional or country level.

During this data collection process, there has also been exploration of the data quality. It is proposed, therefore, to establish a simple Data Quality Index (e.g., red, amber, green) which takes into account how recent the data is, the data collection method and whether the data are nationally representative. WHO will do further work to develop and pilot the index.

Primary care is an ideal setting for chronic disease prevention and obesity management, yet it is underutilized. The WHO Regional Office for Europe is also developing, therefore, a manual

⁹ https://www.euro.who.int/__data/assets/pdf_file/0014/411251/PRIME-a-policy-scenario-modelling-tool.pdf

for primary health care workers on how to assess and address NCD risk factors including high salt intakes.

Development of global sodium benchmarks for different food categories

Chizuru Nishida, Department of Nutrition and Food Safety, WHO headquarters, presented an overview of the development of global sodium benchmarks and other ongoing work to support salt reduction.

As well as being subject of a global NCD goal and the focus of four WHO best buys to tackle unhealthy diet, reducing salt intake is highlighted as a priority target in WHO's Thirteenth Global Programme of Work (2019-2023) and is intended to contribute to the strategic priority of 1 billion more people enjoying better health and well-being.

Country measures to reduce sodium/salt intake are recorded through the Global Nutrition Policy Review and, in collaboration with the NCD team, country capacity surveys. At the global level, many Member States have policy commitments to sodium/salt intake reduction, but fewer countries have implemented specific actions. It is clear that country action is more common in the European Region than other WHO Regions.

WHO headquarters' activities during 2020 – 2021 relating to salt/sodium intake reduction include development of guidelines for improving food environments, including a guideline on use of low sodium salt substitutes and guidelines on policy actions (nutrition labelling, marketing restrictions, fiscal and school food and nutrition policies). Implementation tools under development include a policy action framework for public food procurement.¹⁰

In addition, WHO is developing global sodium benchmarks for different food categories. To advance this work a Technical Consultation is planned, in collaboration with the Regional Office for Europe, with the participation of identified countries which have developed national targets along with selected experts. In preparation, an analysis of existing country data has been carried out by the George Institute, Australia, and WHO has compiled country information on approaches/methods used for the setting of national/regional targets or benchmarks.

These benchmarks would then be used for a high-level dialogue between WHO and the International Food and Beverage Alliance (IFBA), seeking commitments to reduce sodium content.

Discussion and conclusion

In discussion, the question of how small and medium-sized food businesses would be engaged with the sodium benchmarking process was raised. While the benchmarks will be used for dialogue with multinational companies, they are also intended to be useful for the setting of national targets, which will be relevant for companies of all sizes. It was noted that one of the reasons for developing global benchmarks is that sometimes companies market the same product in different countries with very different sodium contents.

¹⁰ Launched in January 2021: <https://www.who.int/publications/i/item/9789240018341>

It was noted that several countries had mentioned adoption of Nutri-Score front-of-pack labelling. It was suggested it would be useful to get an overall picture of how many countries are intended to introduce Nutri-Score front-of-pack labelling.

Several country update presentations referred to efforts to work with restaurants and the out-of-home sector to reduce salt levels. It was proposed that a short report on country approaches and experiences on this issue would be useful. Participants were asked to share any relevant information on this area of work with the Secretariat/WHO.

There was discussion on the ongoing challenges associated with monitoring the sodium content in products, included branded products. It was noted that adoption of nutrition labelling policies which require inclusion of sodium in the nutrient declaration panel greatly facilitates monitoring. Despite the inclusion of sodium as a mandatory element in the Codex standard on nutrition labelling, however, many countries still do not require inclusion of sodium in nutrient declarations. WHO is also exploring the possibilities to extract data from databases, and identifying different methods and good practice from countries in collecting monitoring data. The Regional Office for Europe is developing a short factsheet to outline the strengths and weaknesses of different data sources, which should be available soon. Purchase of commercial data can be very expensive. In addition, a tool is being developed to harvest nutrition label from online supermarkets and will soon be piloted in a few countries.

In relation to industry complaints of costs in implementing labelling changes, it was noted that in Israel companies had been given a two-year grace period to comply. This kept the costs down for industry and, therefore, avoided any price rises for consumers.

Conclusion

On behalf of WHO, Dr Wickramasinghe thanked Switzerland for leadership of the network and coordination with the Members and expressed gratitude to all speakers and participants, and to the WHO Regional Office team and the Federal Food Safety and Veterinary Office in Switzerland for organization.

Drawing the meeting to a close, Dr Michael Beer, Chair of the network, offered some concluding remarks and echoed the thanks to all participants. As the first virtual meeting of the network the meeting had provided a useful exchange of experience and valuable learning. Member States are invited to send any new information, initiatives and study results to the ESAN Secretariat throughout the year. The next in-person meeting will be in Moscow when such travel is feasible again. In the meantime, the Network will meet through further virtual meeting(s).

Annex 1: Programme

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE



ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Home Affairs FDHA
**Federal Food Safety and
Veterinary Office FSVO**

Programme

12th Meeting of the European Salt Action Network (ESAN)

Tuesday, 1 September 2020

13:30 – 16:30 (CEST)

13:00 – 13:30	Participants' log-on
13:30 – 14:00	Welcome and opening remarks <i>Michael Beer</i> , Chair of the European Salt Action Network, Switzerland
14:00 – 15:30	Update on salt reduction activities in the region Cyprus: Update on salt reduction programme. <i>Eliza Markidou</i> Germany: Update on salt reduction programme. <i>Editha Giese</i> Hungary: Update on salt reduction programme. <i>Eszter Sarkadi-Nagy</i> Ireland: Update on salt reduction programme. <i>Sinead O'Mahony</i> Israel: Update on Front of Pack Labelling. <i>Ronit Endevelt</i> Italy: Changes in the Italian adult population salt intake between 2008-12 and 2018-19. <i>Pasquale Strazzullo</i> Lithuania: Update on ongoing study on sodium and iodine status in Lithuanian population. <i>Marius Miglinas</i> Netherlands: The new national system for food product improvement. <i>Ivon Milder</i> Norway: Progress and achievements. <i>Henriette Oien</i> Spain: Results from the mid-term evaluation of the coloration plan for the improvement of food and beverage composition, 2020. <i>Maria Jose Yusta Boyo</i> Switzerland: Salt content in bread. <i>Steffi Schluechter</i>

15:30-16:10	Update on salt reduction tools
	<p>Country salt reduction package launch. <i>Clare Farrand</i>, WHO Regional Office for Europe</p> <p>Salt intakes in Europe and Prime model tool. <i>Kremlin Wickramasinghe</i>, WHO European Office for the Prevention and Control of Noncommunicable Diseases (NCDs)</p> <p>WHO HQ sodium benchmarks. <i>Chizuru Nishida /Dr Rain Yamamoto</i>, Nutrition and Food Safety Department, WHO Headquarters</p>
16:10-16:30	Q&A and Conclusion
	<i>Michael Beer</i> , Chair of the European Salt Action Network, Switzerland

ANNEX 2

LIST OF PARTICIPANTS

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Cyprus

Eliza Markidou
Ministry of Health

Estonia

Sille Pihlak
Ministry of Social Affairs

Finland

Satu Männistö
National Institute for Health and Welfare

Sirpa Sarlio
Ministry of Social Affairs and Health

Georgia

Lela Sturua
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Dali Trapaidze
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Hungary

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Kazakhstan

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Rapporteur
Karen McColl

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
North Macedonia
Norway
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