World Health Organization

European Region

Fourteenth meeting of the WHO Action Network on Salt Reduction in the Population in the European Region (ESAN)

Virtual meeting, 29 September 2022

Report

World Health Organization

European Region

Fourteenth meeting of the WHO Action Network on Salt Reduction in the Population in the European Region (ESAN)

Virtual meeting, 29 September 2022

Report

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 14th ESAN meeting took place virtually on 29 September 2022. The meeting welcomed 55 participants, including representatives of 18 Member States, invited speakers and WHO staff. Representatives of eight countries provided an update on national salt reduction activities and experts from the WHO Regional Office for Europe, WHO Collaborating Centres and other partners presented new tools, initiatives and approaches relevant to salt reduction efforts.

Document number: WHO/EURO:2023-7223-46989-68656

Suggested citation. Fourteenth meeting of the WHO Action Network on Salt Reduction in the Population in the European Region (ESAN), virtual meeting, 29 September 2022. Report. Copenhagen: WHO Regional Office for Europe, 2023. License: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Contents

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 (FSVO) of Switzerland has chaired the network. As of September 2022, 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 14th ESAN meeting took place virtually on 29 September 2022, co-organized by FSVO and the WHO Regional Office for Europe.[2] The meeting welcomed 55 participants, including representatives of 18 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 underlined the importance of the

[1] Action plan for the prevention and control of noncommunicable diseases in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (https://apps.who.int/iris/handle/10665/341522, accessed 13 March 2023).

[2] See Annex 1 for the meeting programme.

[3] See Annex 2 for the list of participants.

exchange of knowledge and experience that is possible through the network. He expressed hope that the network would soon be able to meet face-to-face for more in-depth collaboration.

Kremlin Wickramasinghe, WHO European Office for the Prevention and Control of NCDs, welcomed participants on behalf of WHO. He thanked Switzerland for its leadership of the network and all the efforts to bring stakeholders together and to keep salt high on the agenda. He also thanked Member States for their engagement and the WHO Collaborating Centres for their support of the network.

Member States in the WHO European Region are making progress and WHO remains ready to provide technical support. He noted that WHO has recently completed modelling studies, pending publication, to calculate the number of deaths that could be avoided in European Member States through achievement of the targets for reducing mean population salt intakes. The Regional Office is also in the process of publishing a reformulation manual.

Update on salt reduction activities in countries

Estonia

Anu Asapõllu, National Institute for Health Development, Estonia provided an update on a national salt intake study.

The study was carried out on 598 adults (25-64 years), with samples collected between May 2021 and April 2022. Methodology included a 48-hour food recall, a general questionnaire, physical measurements and biological measurements (blood pressure), 24-hour urine collection and spot urine collection.

According to the 24-hour urinary collection method, the mean values for men were 12.2 g salt per day (range 2.5 – 53.9 g), and 8.1 g per day (range 1.0 – 26 g) for women. According to the food recall data, the values were much lower — the corresponding values were 7.1 g (range 0.3 -19.3 g) and 5.4 g (range 1.2 -17.5 g) per day. There was not much difference between age groups, and intakes were consistently higher in men than women. The main dietary sources of salt were meat products (15.2%), and bread and bakery products (11.2%), cheese (6.9%) and fish product (6.8%).

Hungary

Eszter Sarkadi-Nagy, National Institute of Pharmacy and Nutrition, provided an update on monitoring population salt intake and packaged food reformulation in Hungary.

The nationally-representative National Diet and Nutrition Status Survey 2019 (OTAP 2019), has generated new estimates of population salt intake and identified the main sources of salt in the diet. These results suggest a plateauing in the falling trend for men and an increase since 2014 for women. Main sources of salt in the diet are bread and meat products.

A project on reformulation monitoring has been ongoing since 2021, as part of Work Package 5 of the Best-ReMaP Joint Action. Progress has been made in categorizing and coding previously collected data (manually collected from online shops between

2018 and 2020). In 2022, new data collection was undertaken, using the Best-ReMaP methods (photographs) and data from five retailers have been collected. The data will be analysed between October 2022 and April 2023, and will be followed by stakeholder meetings and project dissemination. The overall aim is to use adjusted Best-ReMaP categories to negotiate salt targets with the industry. Regular data collection enables independent monitoring of the pledges made by industry.

A WHO/University of Oxford project is also underway to extend the use of foodDB to four Member States in the WHO European Region, including Hungary. A pilot study in 2021 collected data on 1,396 meat products, 227 bread products and 1,021 cheese products.

The aim is now to use the different monitoring methods to define salt levels, for product standards (the Codex Alimentarius Hungaricus) and for negotiation with the industry. These monitoring data will also be important to assess the effect on food reformulation of changes in the Public Health Product Tax (such as the change effected in July 2022).

Discussion

There was some discussion of the process of negotiating changes in the Codex Alimentarius Hungaricus and the challenges involved. To counter resistance from the industry on salt reductions in some foods, the Institute reached out to academics and initiated dialogue with scientists and food technologists that are also involved in the Codex groups. The negotiations are ongoing and the availability of data is very helpful for these discussions.

Ireland

Sinead O'Mahony, Food Safety Authority of Ireland (FSAI), presented an update on the salt reduction programme in Ireland.

FSAI's salt monitoring programme has been ongoing since 2003. The data compiled from all the monitoring since 2003 have been complied into a report published on the FSAI website.[4] In 2021, the monitoring was carried out on savoury snacks. Some significant changes in sodium content since the last monitoring were observed:

- 49% increase in luxury crisps since 2011; and
- 25% decrease in extruded snacks since 2006 and a 24% decrease since 2016.

No significant changes were observed in pelleted snacks, salt and vinegar products, potato crisps, popcorn or corn chips. Increased potassium content was reported in luxury crisps and pelleted snacks, but no significant changes were reported in potato crisps, popcorn, corn chips, salt and vinegar products and extruded snacks.

In 2022, sampling was carried out in soups, sauces and bread between June and August. Results will be reported in early 2023.

[4] Monitoring sodium and potassium in processed foods: September 2003 to December 2020. Dublin: Food Safety Authority of Ireland; 2022 (https://www.fsai.ie/Monitoring_Sodium_Potassium_ProcessedFood_27012022.html, accessed 5 April 2023)

A wider reformulation programme is being established, following publication of A Roadmap for Food Product Reformulation in Ireland in 2021.[5] This will cover reformulation to reduce calories (target to reduce by 20%), saturated fat (-10%), salt (-10%) and sugar (-20%). This salt target builds on the progress realized since 2003. Some new priority categories for salt reduction have been added.

A salt study is underway in collaboration with University College Cork. As part of this, a systematic review was conducted to determine the efficacy of global salt (sodium) reduction initiatives on socio-economic inequalities among adults. Another component of the study, the sodium excretion study, has been delayed because of COVID-19, but data collection was scheduled to start in autumn 2022.

Discussion

The question of whether the analytical results were consistent with the levels declared on labels was raised. There was clarification that FSAI did explore this issue for breakfast cereals, looking at accuracy of labels and found very good agreement between declared levels on labels and laboratory results when the tolerance levels according to EU labelling rules are taken into consideration.

The WHO collaborating centre at University of Warwick offered to provide support with participant recruitment for the urinary excretion study.

Portugal

Maria João Gregório, Directorate-General of Health (DGS), reported findings of new analyses from Portugal.

In 2022, Portugal has reported the results of monitoring on the impact of a broad commitment to food reformulation that was formalised in 2019, including salt targets for potato crisps and salty snacks, breakfast cereals, bread, pizza, pre-packed ready-to-eat meals and pre-packed ready-to-eat soups. Partner organizations included, along with DGS, the National Institute of Health Dr Ricardo Jorge (INSA), the Portuguese Food Industries Association, the Portuguese Food Distribution Association and NielsenIQ. An external and internal monitoring system has been established, involving Nielsen IQ with support from INSA and follow-up from DGS.

The indicators include weighted averages of salt and sugar content for each food category per year, percentage reduction in salt and sugar content for each food category per year and the total volume of salt and sugar reduced per year. The system covers food products that account for at least 80% of total sales in the relevant categories. Weighted average salt content in the pizza category dropped from 1.78 to 1.38 between 2018 and 2021 (a reduction of 10%), and reductions were also observed in potato crisps and other salty snacks (-12%) and breakfast cereals (-10%). Between

[5] A roadmap for food product reformulation in Ireland. Obesity Policy Implementation Oversight Group (OPIOG) refomulation sub-group. Dublin: Department of Health, Government of Ireland; no date (https://www.fsai.ie/uploadedFiles/Food_Business/Roadmap-reformulation.pdf, accessed 5 April 2023)

2018 and 2021, 25.6 tons of salt have been removed from food products. For the ready-to-eat meals and soups, targets were set for 2023.

A comparative analysis has been conducted between the sodium content in processed foods from Portuguese foodDB data and the WHO global sodium benchmarks. The analysis covered eight food categories and 41 sub-categories. Preliminary results suggest that, overall, 62% of sodium levels were above the WHO benchmark value. The highest proportion of products above the benchmark was observed in plant-based foods (95%), bread and bread products (85%), processed meat and fish (85%) and ready-made foods (81%). This suggests that a significant reduction in sodium content is needed to achieve the WHO global sodium benchmarks. These data will now be used to define the next steps for food reformulation in Portugal.

Slovenia

Urška Blaznik, National Institute of Public Health, provided an update on salt reduction in Slovenia.

The National Programme on Nutrition and Health-Enhancing Physical Activity 2015-2025 (Dober Tek, Slovenija) contains an aim to ensure healthier food products and to reduce salt intake by 15% to reach a mean population salt intake of 10 g/day by 2025.

Since 2015, the food industry in Slovenia has signed a number of voluntary commitments, including, in 2019, a pledge to reduce the added salt content of bread by 5% by the end of 2022 (from a baseline average of 1.24 g/100g in 2019).

A national reformulation strategy is in preparation. A situation analysis and a stakeholder analysis have been conducted, and a monitoring and evaluation plan drawn up. Launch has been postponed from autumn 2021 because of delays related to COVID-19 and a lack of data. The strategy will be launched in 2023.

As part of Best-ReMaP, five priority food categories have been identified for reformulation monitoring, and a snapshot monitoring exercise collected data on the five biggest retailers between July and August 2022. These data are being codified and will be very important for Slovenia. A project sampling unpackaged bread is also planned.

A study was conducted on school lunches between January and September 2021, with sampling of a 5-day school lunch (n=200) for 10-13-year-olds. On average, the school lunches contained 3.6 g of salt per meal (compared to the recommended <1.5 g).[6]

Finally, a pilot study on sodium, potassium and iodine excretion has been completed. Data were collected from 24-hour urine samples of 120 adults. Average salt intake was 10.1 g per day. The pilot is being followed up with a main study, which started in September 2022.

[6] PoličnikR, RostoharK, ŠkrjancB, SeljakBK, Blaznik U, FarkašJ. Energy and Nutritional Composition of School Lunches in Slovenia: The Results of a Chemical Analysis in the Framework of the National School Meals Survey. Nutrients. 2021 Nov 27;13(12):4287. doi: 10.3390/nu13124287. PMID: 34959835; PMCID: PMC8703510.

Discussion

It was noted that the results from the pilot study are encouraging, compared to the survey conducted in 2007, suggestive of a reduction of over 1 g per person per day in mean salt intake. It remains to be seen if the main study will confirm these results.

Spain

María José Yusta Boyo, Spanish Food Safety and Nutrition Agency, presented an update on salt initiatives in Spain.

A 24-hour urinary excretion study completed in 2009 estimated mean population intake as 9.8 g / day (and that 88% of the population exceeded the recommended 5 g / day). A new study is planned — to measure sodium, potassium and creatinine — in 500 adults from the same locations as in the 2009 study. There are a number of challenges associated with the study, including the complex logistics and difficulties in attracting contractors to conduct the study and participants to take part.

The Spanish approach to salt reduction comprises two strategies:

- Voluntary reduction — A Reformulation PLAN which includes 180 agreements across five sectors, including salt content reduction agreements in 21 food sub-categories. Compliance has been evaluated and results are already published[7]. The scope of the PLAN and the methodology of the evaluation are described in a preliminary report[8]. The 2020 agreements for salt reduction were achieved in all sub-categories and salt reductions of 16% or more were achieved in 14 sub-categories. The median salt content in five sub-categories is below the WHO benchmark levels. In the out-of-home sector, a reduction of 33% in single-dose salt sachets was achieved by 2020 in compliance with the PLAN, although 15% of establishments still had sachets with higher salt content.
- Setting mandatory maximum levels — Royal Decree 308/2019 setting the maximum content of salt in common bread (1.6 g/100 g finished product) entered into force on 1 April 2022. A rigorous technical procedure for collecting and analyzing samples to monitor compliance is being updated.

[7] Resultados de la evaluación final del cumplimiento de los acuerdos del Plan de colaboración para la mejora de la composición de los alimentos y bebidas y otras medidas 2020. Estudio de composición de los alimentos y bebidas de los sectores de fabricación y distribución y análisis de las ofertas de menús y productos alimenticios en centros y establecimientos de restauración y distribución automática en 2021. Agencia Española de Seguridad Alimentaria y Nutrición. Ministerio de Consumo. Madrid, 2022 (https://www.aesan.gob.es/AECOSAN/docs/documentos/publicaciones/seguridad_alimentaria/EVALUACION_FINAL_REDUCCION_NUTRIENTES.pdf, accessed 19 December 2022).

[8] Alcance y metodología de la evaluación final del cumplimiento de los acuerdos del Plan de colaboración para la mejora de la composición de los alimentos y bebidas y otras medidas 2020. Estudio de composición de los alimentos y bebidas de los sectores de fabricación y distribución y análisis de las ofertas de menús y productos alimenticios en centros y establecimientos de restauración y distribución automática en 2021. Agencia Española de Seguridad Alimentaria y Nutrición. Ministerio de Consumo. Madrid, 2021 (https://www.aesan.gob.es/AECOSAN/docs/documentos/nutricion/plan_colaboracion.pdf, accessed 19 December 2022).

Sweden

Åsa Brugård Konde, Swedish National Food Agency, outlined recent work to explore salt reduction in Sweden.

Work started on developing a voluntary reformulation agreement with industry to reduce salt content in 2020, as part of measures to improve food environments. The first step was a consumer survey, conducted among 1,004 adult consumers. This survey concluded that almost everyone knows that too much salt is harmful and six out of 10 respondents make efforts to reduce their salt intake. The measure that would most help people to reduce their salt intake is for the industry to lower the salt content of foods. The activities of other countries to reduce salt intake were also examined in a review, which identified reformulation efforts in 68 countries, initiatives to raise consumer awareness in 50 countries, front-of-pack nutrition labelling in 48 countries, statutory maximum levels of salt in eight countries in Europe and taxes on salt in five countries (one in Europe).

An analysis of 125 lunch dishes in lunch restaurants, fast food outlets and grocery stores was conducted. Results suggest that there was a high salt content in general, but large variations.[9] There were large differences in portion size and energy content. Generally, there was more salt in lunch dishes from restaurants and fast food outlets than from grocery stores, especially per portion. The soups from restaurants contained almost twice as much salt as soups from grocery stores. Iodized salt was used in very few ready meals.

Industry considers that EU claims legislation is an obstacle to salt reduction, because they cannot make a claim unless they made reductions at least 25% or meet the thresholds for low or very low sodium. The Keyhole label — which sets specific conditions for 32 food groups — is a possibility to differentiate products that are not high in salt. Consumer research suggests, however, that only 12% of consumers buy Keyhole labelled products to reduce salt intake. This is higher than in previous studies, but still represents a small proportion. Less sugar, more fibre and more wholegrains are the three nutritional properties most associated with the Keyhole.

Discussion

It was pointed out that in Israel, the combination of green labels and red warning labels is in use (for non- or minimally-processed foods). Research suggests that people concerned about salt intake are very aware of the warning label. It was suggested that this kind of specific "high in" label can be easier for consumers to understand.

In relation to industry concerns about the inability to use claims for salt reduction, there was clarification that the idea of reformulation is to gradually reduce salt levels so that consumers do not perceive any change (and therefore sales do not decrease). Experience elsewhere, in the UK for example, shows that large reductions can be achieved without any claims.

[9] L 2022 nr 17 - Så mycket salt innehåller lunchen. Uppsala: Livsmedelverket; 2022 (https://www.livsmedelsverket.se/globalassets/publikationsdatabas/rapporter/2022/l-2022-nr-17-sa-mycket-salt-innehaller-lunchen.pdf, accessed 19 December 2022). Summary in English on pp 9-10.

Switzerland

Steffi Schluechter, FSVO, presented an update from Switzerland.

In 2019 salt monitoring was conducted on artisanal and industrial bread, while in 2020 monitoring was conducted on salad dressings and soups. The results obtained were used to set targets for these products. The intention was to include salt reduction targets for 2024 in the Milan Declaration. However, industry resistance was encountered, with common industry arguments such as the lack of pressure from consumers for salt reduction, poor consumer acceptance of products with lower salt levels and that the industry has already reduced the use of monosodium glutamate. In addition, since the industry was asked not to replace with potassium chloride, they asked how they could produce "tasty products" under such restricted conditions? Faced with this lack of progress on voluntary measures, the FSVO is examining legal measures.

A study is underway to measure salt intakes (24-hour urinary sodium excretion), blood pressure, anthropometry and lifestyles in 840 adults in four areas of Switzerland. Challenges include a poor response rate, due to the need for participants to attend two appointments and carry out the 24-hour urine collection. In addition, the sample only includes participants with landline phones, creating a potential bias towards older age groups.

Development of a standard for good practice for chefs is underway. This comprises a series of 'soft' recommendations for lower salt use (e.g., choose cooking bases without salt or low in salt; salt meals little and always with iodized salt; choose cooking methods that enhance the flavour and taste of dishes without adding salt; by using fresh, dried or frozen herbs and spices, slivered and roasted almonds or other nuts, you can help to reduce use of salt).

Update WHO Regional Office for Europe

Launch of 24-hour urine collection videos

Marieke Hendriksen, National Institute for Public Health and the Environment (RIVM), WHO Collaborating Centre for Nutrition, Kingdom of the Netherlands, introduced a set of e-learning videos to help countries prepare for the gold standard methodology for assessing population salt intake (24-hour urinary excretion studies). The four four-minute videos — a collaboration between RIVM, the WHO NCD Office and the WHO collaborating centre for Nutrition at Warwick Medical School — focus on different aspects of the practicalities involved in this type of study and demonstrate the actions that a participant and research team must follow for the 24-hour urine collection. The videos are available from the WHO website in English and Russian.[10] It should be noted that the videos alone are not sufficient to train researchers in all aspects of the methodology — further training is still required.

[10] Reducing salt consumption. WHO/Europe/activities. Copenhagen: WHO Regional Office for Europe; 2023 (https://www.who.int/europe/activities/reducing-salt-consumption, accessed 13 March 2023).

Data collection forms and sample size calculator tool for salt survey

Dr Ivo Rakovac, WHO European Office for the Prevention and Control of Noncommunicable Diseases, presented an update from the NCD Surveillance team and introduced new tools.

The review of salt intake in the WHO European Region (preliminary results of which were presented at last year's meeting) has been accepted for publication by Public Health Nutrition. WHO is extremely grateful to ESAN members and the Collaborating Centres for their contributions. The study suggests that intakes are lowest in the UK and highest in Kazakhstan, and also demonstrates that values tend to be much higher with 24-hour urinary collection rather than spot urine methodology.

A paper on the latest nutrition survey in Lithuania has been recently published, showing estimated salt intakes (by 24-hour urinary collection) of 11.7 g/day in men and 8.5 g/day in women.

These 24-hour urinary sodium excretion studies are based on a previously published model protocol (now accompanied by the videos mentioned above).[11] In order to further help countries to carry out such studies, and to be able to calculate a robust sample size, WHO has prepared an excel spreadsheet that enables sample size calculation.[12] To further support 24-hour urinary excretion studies, WHO has developed some data collection forms, which can be used on Android tablets or on a computer (either on- or offline). The next steps will be developed some scripts for data cleaning and analysis, using the algorithm in the protocol.

Incorporating behavioural and cultural insights into the development of social media campaigns

Luis D'Souza, WHO European Office for the Prevention and Control of Noncommunicable Diseases, presented an overview of a programme to reduce salt in Kazakhstan using behavioural and cultural insights.

In order to design behavioural interventions, it is important to understand whose behaviour to target and what the barriers and drivers of behaviours are in the specific local context. The project sought to gain these insights in a systematic way, using the right qualitative and quantitative methods and organizing insights using a theoretical framework.

In an ongoing process, a salt working group was established, comprising officials, medical professionals, researchers, key population groups and NGOs. A literature review was conducted on campaigns relating to salt and sugar-sweetened beverages in Central Asia. Interview guides were then developed, based on the COM-B model of behaviour change, and 30 focus groups among key groups (parents, teachers, doctors,

[11] How to obtain measures of population-level sodium intake in 24-hour urine samples: protocol. Copenhagen: World Health Organization Regional Office for Europe; 2021 (https://apps.who.int/iris/handle/10665/340732, accessed 5 April 2023).

[12] WHO sample size calculator for 24h urine salt excretion survey for salt intake in gram per day (https://worldhealthorg-my.sharepoint.com/:x:/g/personal/rakovaci_who_int/EdIJnQxSy4dEnMS1dCvrVjgBrdiohXYrGN-diIAEoKinnw?e=6vXobv)

stroke patients and chefs) were conducted across the country. The learning from these focus groups is helping to shape the campaign development. Based on these findings, two broad goals were suggested:

1. Awareness raising — to highlight the direct health risks of high-salt diets, to encourage audiences to consider the salt in their own diet, and to address misinformation and concerns about taste.
2. Action points — to demonstrate how individuals can make specific dietary changes in simple, easy steps and emphasize the benefits of these changes.

The best platforms were found to be Instagram and primary healthcare (PHC) facilities, and the target for the campaign will be parents/mothers.

At a workshop with the WHO Country Office, content was developed with country-specific cultural insights, and an implementation plan was drawn up with the Ministry of Health. A series of SALTernatives posters, setting out actionable steps, have been developed and disseminated to 8,000 PHC facilities.

The next steps will include an implementation pilot (with focus group discussions on campaign content), evaluation (based on Instagram tracking of reach and engagement) and further campaigns in Central Asia and the Caucasus in coming months.

Signature initiative: Reducing inequalities in CVD burden (hypertension/salt)

Jill Farrington, WHO Regional Office for Europe, presented an outline of a new signature initiative on cardiovascular diseases (CVD), which is an area of joint work between the CVD and nutrition teams.

The WHO European Regional Director's Advisory Council on Innovation for NCDs (NCD Advisory Council), established in 2020, has developed a roadmap for reducing NCDs in the WHO European Region. At the centre of this roadmap are six signature initiatives, including one on reducing the inequalities in CVD burden by addressing hypertension and reducing salt intake.

The rationale for this focus on reducing CVD is that the NCD burden is largely due to the CVD burden and some Member States in the WHO European Region have some of the highest rates of hypertension globally and some of the highest consumption levels of salt in the world. There are major differences across the Region. The probability of dying young from NCDs in 2019 was 24.6% in the Commonwealth of Independent States (CIS) countries compared to 10.5% in the European Union and 16.4% across the whole WHO European Region. One in three adults in the Region have hypertension but this is under-detected, under-treated and under-controlled. Only two in three adults aged 30-79 years with hypertension are aware that they have it, and only half of them are receiving treatment. Only a quarter of adults with hypertension have achieved control.

The integrated and innovative signature initiative seeks to combine a focused, population-level approach with an individual-level approach, through improving hypertension control in primary care and implementing salt-reduction strategies. It will have a particular focus on high-burden countries, particularly those among the top 20

countries in the Region for all four of the following criteria: cardiovascular mortality, lack of hypertension control, hypertension prevalence and prevalence of high salt intake. The intervention will be tailored to the context of each Member State. The signature initiative will bring together the relevant members of the NCD Advisory Council, WHO collaborating centres and WHO-accredited non-state actors on CVD, diabetes and salt reduction to support implementation. There will be meaningful engagement of people with hypertension (and diabetes) in the design/implementation of demonstration projects within countries. The signature initiative seeks to close the gender gap and east-west gap for CVD burden/hypertension prevalence.

The signature initiative will build on existing tools, while also testing new tools. The focus will be on achieving impact at country level, through country profiles, country case studies, inter-country meetings on hypertension and salt reduction and, for some Member States, country demonstration projects in reducing CVD burden through integrated approaches to hypertension control and salt reduction. In addition, there will be publication of a WHO Regional report on hypertension prevalence, treatment and control.

Clear indicators of progress for the initiative have been defined:

- participating Member States have implemented the key elements of a salt reduction strategy;
- participating Member States have demonstrated a reduction in average population sodium intake using the gold standard 24-hour sodium urinary excretion methodology; and
- participating Member States have demonstrated a progressive improvement in hypertension cascade analysis by identification, treatment and control of hypertension as measured through clinical audit, healthcare information and/or STEPwise surveys.

Launch of the signature initiative is planned for November 2022.

Salt reduction in the context of school nutrition and public procurement policies

Betina Bergmann Madsen, Chief Public Procurement Officer, City of Copenhagen, Denmark, shared Copenhagen's experience using public procurement to promote healthier and more sustainable diets.

Procurement officers play a very important key role in translating political goals into reality. Small changes can be written into tender documents that may be the decisive factor contributing to the food chain starting to move in a healthier and more sustainable direction.

Copenhagen introduced an ambitious food strategy, aligned with the SDGs, covering a wide range of issues:

- providing food that is 90% organic;
- prevention of food waste;
- seasonality and diversity;
- climate-friendly food (and introduce climate weight);

- packaging;
- green vehicles;
- no flight policy;
- sustainable soy and palm oil;
- fairly traded – certified goods;
- nutrition in procurement; and
- procurement as a tool for teaching and reaching goals beyond buying food.

Denmark's official dietary guidelines[13], published by the Danish Veterinary and Food Administration, take both climate and health considerations into account, and can be summarised as:

- Eat plant-rich, varied and not too much.
- Eat more vegetables and fruit.
- Eat less meat – choose legumes and fish.
- Eat wholegrain foods.
- Choose vegetable oils and low-fat dairy products.
- Eat less sweet, salty and fatty food.
- Thirsty? Drink water.

A climate weighting (climate weight x tonnage x price per kg) has been introduced to public procurement decisions in Copenhagen, as a way to put a focus on cooking more climate friendly food in the future by guiding kitchens on which foods to use.

The National Procurement Officer Network in Denmark has produced an Inspiration Catalogue to help procurement officers to know *what* to do and *how* to do it. Together with the WHO Regional Office for Europe a manual for food procurement has been developed entitled, How together we can make the world's most healthy and sustainable food procurement.[14] In addition, as part of the Best-ReMaP joint action an EU food procurement officer group has been created to build capacity and exchange experience.

FEEDCities project in the WHO European Region

Inês Lança de Morais, WHO European Office for the Prevention and Control of Noncommunicable Diseases, provided an update on the FEEDCities project.

FEEDCities is a research project on the urban nutritional context, with a specific focus on describing and characterizing street food. The project, a collaboration between WHO and the Institute of Public Health of the University of Porto, aims to:

- describe the most commonly available street foods;
- map street food environments;

[13] The official dietary guidelines – good for health and climate. Glostrup: Ministry of Food, Agriculture and Fisheries of Denmark/Danish Veterinary and Food Administration; 2021 (https://altomkost.dk/fileadmin/user_upload/altomkost.dk/Publikationsdatabase/De_officielle_Kostraad_2021_og_Kostraadscirkel/Danish_Official_Dietary_Guidelines_Good_for_Health_and_climate_2021_PRINT_ENG__webtil.p df, accessed 7 April 2023).

[14] How together we can make the world's most healthy and sustainable public food procurement. Copenhagen" WHO Regional Office for Europe; 2022 (https://www.who.int/europe/publications/i/item/WHO-EURO-2022-6178-45943-66333, accessed 19 December 2022).

- describe the customers and the street foods purchased;
- improve the availability of data on the nutritional content of street foods; and
- inform future policy and programme interventions (e.g., a salt reduction strategy with bakers).

Since 2016, studies have been conducted in seven Member States (Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan and Turkmenistan). The focus is on street foods, defined as "ready-to-eat food and beverages prepared and/or sold by vendors or hawkers, especially on the streets and other similar places".[15,16] The rationale is that rapid urbanization and globalization involve dietary changes such as decreases in the consumption of foods rich in fibre and more frequent intake of processed foods. The latter are more likely to be energy-dense and high in trans fatty acids (TFAs), salt and free sugars, which are known to be associated with the occurrence of NCDs. These dietary changes are likely to be reflected in the urban street food environment. Street food provides a very accessible and inexpensive dietary source for millions of consumers living in urban areas of low- and middle-income countries all over the world. The nutritional composition of these foods varies substantially between countries and many countries do not have good data on food availability, nutritional composition of foods and dietary habits. It is, therefore, difficult to identify the main dietary sources of nutrients.

The FEEDCities approach combines (i) the characterization of the urban street food environment, by mapping the street food vending sites and the food they offer, as well as the patterns of street food purchasing, including type of foods and quantities sold and customer characteristics; and (ii) analysis of the nutritional composition of samples of ready-to-eat foods sold in the streets (a combination of the most common home-made and industrial foods).

Analysis of the sodium and potassium levels in Tajikistan and Kyrgyzstan, for example, found that home-made foods can be important sources of sodium. In particular, main dishes and sandwiches, respectively, contained more than 1,400 and nearly 1,000 mg of sodium in an average serving.[17] These foods, together with snacks and traditional beverages also show high sodium-to-potassium ratios. In Bosnia and Herzegovina, one single purchase was found to provide almost half of the maximum recommended daily intake of sodium.[18] By collecting four different samples of each of the most

[15] Street foods: report of an FAO expert consultation, Jogjakarta, Indonesia, 5–9 December 1988. Indonesia: Food and Agriculture Organization; 1989.

[16] Essential safety requirements for street-vended foods. Food Safety Unit, Division of Food and Nutrition. Geneva: World Health Organization; 1996 (https://apps.who.int/iris/bitstream/handle/10665/63265/WHO_FNU_FOS_96.7.pdf?sequence=1&isAllowed=y, accessed 7 April 2023)

[17] Lança de Morais I, Lunet N, Albuquerque G, Gelormini M, Casal S, Damasceno A et al. The sodium and potassium content of the most commonly available street foods in Tajikistan and Kyrgyzstan in the context of the FEEDCities Project. Nutrients 2018, 10, 98; doi:10.3390/nu10010098.

[18] Sousa S, Morais IL, Albuquerque G, Gelormini M, Casal S, Pinho O, Motta C, Damasceno A, Moreira P, Breda J, Lunet N, Padrão P. A Cross-Sectional Study of the Street Foods Purchased by Customers in Urban Areas of Central Asia. Nutrients. 2021 Oct 19;13(10):3651. doi: 10.3390/nu13103651. PMID: 34684652; PMCID: PMC8539089.

common food samples it is possible to identify wide ranges of sodium content, which also shows that lower salt levels are possible.

The data obtained from the FEEDCities studies are useful for multiple approaches to salt reduction, such as:

- promote healthy and accessible diets, with locally available foods and taking into account cultural preferences;
- education of street food vendors to both encourage the cooking of healthy local foods and limit the use of discretionary salt or sodium-rich sauces or condiments;
- use the wide ranges of sodium content to show that there is room to cook, prepare and/or produce foods with less added salt;
- conduct consumer education with respect to diet, health and awareness of the harmful effects of high sodium and low potassium intakes and label reading;
- food reformulation, front-of-pack labelling, regulatory schemes to limit sodium levels in foods, taxation of high-sodium foods;
- further evaluation to focus on food categories that present the highest average sodium contents and sodium-to-potassium ratios and for which specific targets should be set;
- identification of further key sources of sodium in the diet from industrial pre-packed foods (through analysis of food labels and sales data, for example); and
- additional efforts aimed at commonly imported products.

Discussion

In discussion, it was pointed out that the Codex Alimentarius Commission will be reviewing all standards for salt levels. The first step will be to examine the existing guidelines and standards. It is important that Member State voices are heard in these Codex discussions on commodity standards and guidelines.

Closing remarks

Michael Beer thanked all the speakers for their contributions and sharing their experience and perspectives. He invited participants to contact the Network Secretariat for further information on any of the presentations and/or if they want to make contact with experts or other Member State representatives.

Kremlin Wickramasinghe added his closing remarks, thanking participants, the WHO team and Switzerland for its continued leadership of the network.

The next meeting will take place in 2023. Michael Beer hopes that this meeting can take place physically. He invites the network to Switzerland.

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

14th Meeting of the European Salt Action Network (ESAN)
29th September 2022, online (Zoom)

13:00 – 16:00 (CEST)

13:00 – 13:10	***Participants' log-on***
13:10 – 13:20	**Welcome and opening remarks**
	Michael Beer, Chair of the European Salt Action Network, Switzerland *Kremlin Wickramasinghe, a.i.* Head of the WHO European Office for the Prevention and Control of Noncommunicable Diseases (NCDs)
13:20 – 14:30	**Update on salt reduction activities in countries** Moderator: *Steffi Schlüchter*
	Estonia, Anu Aaspõllu: - Results of the Salt consumption study in the Estonian population *Hungary, Eszter Sarkadi-Nagy:* - Progress in monitoring population salt intake and prepackaged food reformulation *Ireland, Sinéad O'Mahony:* - Update on Ireland's salt related activities *Portugal, Maria João Gregório:* - Portuguese actions on salt reduction *Slovenia, Urška Blaznik:*

	- Country update *Spain, Maria Jose Yusta Boyo:* - Spain update on salt initiatives *Sweden, Åsa Brugård Konde:* - Exploring voluntary agreements on salt reduction within the food industry on behalf of the government *Switzerland, Steffi Schluechter:* - Update on the ongoing and upcoming activities
14:30-15:50	**Update WHO Europe** Moderator: *Pyi Pyi Phyo*
	Launch of 24h urine collection videos – *Marieke Hendriksen, National Institute for Public Health and the Environment (RIVM)* Presentation of data collection forms and sample size calculator tool for salt survey - *Ivo Rakovac, Regional advisor NCD Surveillance, WHO European Office for the Prevention and Control of Noncommunicable Diseases (NCDs)* Incorporating Behavioral and Cultural Insights in to the development of social media campaigns – *Luis D'Souza, consultant, WHO European Office for the Prevention and Control of Noncommunicable Diseases (NCDs)* Presentation of signature initiative for CVD burden, presentation by WHO Europe – *Jill Farrington, Regional Medical Officer, CVD and Diabetes, WHO European Office for Europe* Salt reduction in context with school nutrition – Public procurement policies – *Betina Bergmann Madsen, Chief Public Procurement Officer, Copenhagen, Denmark* Update on FEEDCities project in WHO Europe – *Inês Lança de Morais, consultant, WHO European Office for the Prevention and Control of Noncommunicable Diseases (NCDs)* Discussions – *Kremlin Wickramasinghe, a.i. Head of the WHO European Office for the Prevention and Control of Noncommunicable Diseases (NCDs)*
15:50-16:00	**Q&A and Closing remarks**
	Michael Beer, Chair of the European Salt Action Network, Switzerland *Kremlin Wickramasinghe, a.i.* Head of the WHO European Office for the Prevention and Control of Noncommunicable Diseases (NCDs)

Annex 2. List of participants

Denmark

Betina Bergmann Madsen
Municipality of Copenhagen

Estonia

Anu Aaspõllu
National Institute for Health Development

Hanna Alajõe
National Institute for Health Development of Estonia

Sille Pihlak
Ministry of Social Affairs

Germany

Editha Giese
Federal Ministry of Food and Agriculture

Greece

Georgios Marakis
Hellenic Food Authority

Hungary

Eszter Sarkadi-Nagy
National Institute of Pharmacy and Nutrition

Ireland

Aideen McCann
Food Safety Authority of Ireland

Sinead O'Mahony
Food Safety Authority of Ireland

Olya Antropova
Food Safety Authority of Ireland

Israel

Ronit Endevelt
Ministry of Health

Lithuania

Indre Makarskiene
Ministry of Health of the Republic of Lithuania

Malta

Lucienne Pace Fenech
Health Promotion and Disease Prevention Directorate, Ministry for Health

Charlene Vassallo
Promotion and Disease Prevention Directorate, Ministry for Health

Netherlands (Kingdom of the)

Marieke Hendriksen
National Institute for Public Health and the Environment (RIVM)

Sovianne ter Borg
National Institute for Public Health and the Environment (RIVM)

North Macedonia

Igor Spiroski
Institute of Public Health of North Macedonia

Norway

Ole Berg
Norwegian Directorate of Health

Portugal

Maria João Gregorio
Directorate General of Health

Mariana Coelho Santos
National Institute of Health (INSA, IP)

Slovenia

Urška Blaznik
National Institute of Public Health

Aljaž Brlek
National Institute of Public Health Slovenia

Lea Raztresen
Slovenian National Institute of Public Health

Spain

Marta Garcia Solano
Spanish Agency for Food Safety and Nutrition

Enrique Guitérrez-González
Spanish Agency for Food Safety and Nutrition

Almudena Rollan
Spanish Agency for Food Safety and Nutrition

Maria Jose Yusta
Spanish Agency for Food Safety and Nutrition

Sweden

Åsa Konde
Swedish Food Agency

Switzerland

Michael Beer
Federal Food Safety and Veterinary Office

Steffi Schluechter
Federal Food Safety and Veterinary Office

Aline Troxler
Federal Food Safety and Veterinary Office

Judith Jenny-Burri
Federal Food Safety and Veterinary Office

Raphael Reinert
Federal Food Safety and Veterinary Office

Véronique Guerne
Federal Food Safety and Veterinary Office

European Commission

Stephanie Bodenbach

External resource persons

Patricia Araujo
Johns Hopkins University

Francesco Cappuccio
University of Warwick WHO Collaborating Centre on Nutrition

WHO

Chizuru Nishida
WHO Headquarters

Kremlin Wickramasinghe
WHO European Office for NCDs

Ivo Rakovac
WHO European Office for NCDs

Jill Farrington
WHO European Office for NCDs

Pyi Pyi Phyo
WHO European Office for NCDs

Alena Tokareva
WHO European Office for NCDs

Aram Babayan
WHO European Office for NCDs

Holly Rippin
WHO European Office for NCDs

Inês Lança de Morais
WHO European Office for NCDs

Kathrin Hetz
WHO European Office for NCDs

Luis D'Souza
WHO European Office for NCDs

Marta Buoncristiano
WHO European Office for NCDs

Sergei Bychkov
WHO European Office for NCDs

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 (Kingdom of the)
North Macedonia
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
Türkiye
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

World Health Organization
Regional Office for Europe

UN City, Marmorvej 51,
DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01
Email: eurocontact@who.int
Website: www.who.int/europe

WHO/EURO:2023-7223-4689-68656