

Q: What is salt/sodium?

Sodium is an essential nutrient necessary for maintenance of plasma volume, acid-base balance, transmission of nerve impulses and normal cell function (1). The main source of sodium in our diet is salt, although it can come from sodium glutamate, used as a condiment in many parts of the world.

Q: Is salt/sodium consumption unhealthy?

Salt consumption within the WHO-recommended level is healthy, however, excessive salt consumption is unhealthy. It is linked to adverse health outcomes, such as the increased risk of hypertension (raised blood pressure), which in turn leads to stroke and heart disease (2, 3).

Q: What is the WHO-recommended level of salt intake?

WHO recommends for adults a reduction in salt intake to less than 5 g per person per day (2 g per day of sodium)(2). For children, the recommended maximum level of intake of 2 g per day of sodium for adults should be adjusted downwards on the basis of the energy requirements of children relative to those of adults.

Q: Which foods are high in salt/sodium?

In general, processed foods, such as ready meals, processed meats, cheese, pickles, salty snack foods, and instant noodles, among others, are particularly high in salt. Salt is also added to food during cooking (bouillon and stock cubes) or at the table (soy sauce, fish sauce and table salt). Sodium is also contained in sodium glutamate, used as a food additive in many processed foods (1).

Q: What is the current average salt/sodium intake in the Region?

The current salt intake in the Region averages more than 10 g per person per day, which is double the recommended level set by WHO. In general, people are not usually aware of how much salt they consume.

Q: What is the impact of the current average salt/sodium intake in the Region?

The disease burden, in particular cardiovascular and coronary heart disease, resulting from salt and high blood pressure is very high in the Region. It is estimated that, overall, 47% of the

Region's burden of disease is due to noncommunicable diseases, and by 2020 it is expected to rise to 60% unless efficient health and nutrition measures are implemented (4).

Q: What are the benefits of reducing salt/sodium intake on the individual and population?

Reducing salt/sodium intake lowers specifically the risk of developing high blood pressure and heart disease. The evidence for the health benefits of population-wide reduction in salt intake is strong. Indeed, salt reduction is one of the most cost-effective measures to prevent heart disease in countries (4). Even a small (1 g per person per day) reduction in salt intake will reduce deaths from stroke and heart attacks by more than 7% in each country that takes the appropriate measures to reduce salt intake by 1 g per day.

Salt reduction is an extremely cost-effective public health policy. For example, in the United Kingdom, it was estimated that for a total campaign cost of £15 million to reduce daily salt intake, £1.5 billion per year would be saved in health care costs (3).

Q: Who is responsible for reducing salt/sodium intake/consumption?

Everyone has a role in promoting salt/sodium consumption reduction – governments, private sector and civil society.

Q: How can governments enable populations to reduce their salt/sodium intake/consumption?

Government policies and strategies should create environments that enable populations to consume adequate quantities of safe and nutritious foods that make up a healthy diet, including low salt. Improving dietary habits is a societal, as well as an individual, responsibility. It demands a population-based, multisectoral and culturally relevant approach. Key broad strategies for salt reduction include:

- developing government policies, including appropriate fiscal policies and regulation, to ensure food manufacturers and retailers produce healthier foods or make healthy products available and affordable;
- working with the private sector to improve the availability and accessibility of low-salt products;
- promoting consumer awareness and empowerment of populations through social marketing and mobilization to raise awareness of the need to reduce salt intake/consumption;

- creating an enabling environment for salt reduction through local policy interventions and the promotion of “healthy food” settings, such as schools, workplaces, communities, and cities;
- monitoring levels of population salt intake, sources of salt in the diet and consumer knowledge, attitudes and behaviours relating to salt to inform policy decisions.

Salt reduction programmes and programmes that promote fortification with micronutrients of salt, condiments or seasonings high in salt (bouillon cubes, soy and fish sauce) can complement each other.

Other local practical actions to reduce salt intake include:

- integrating salt reduction into the training curriculum of food handlers;
- removing salt shakers and soy sauce from tables in restaurants;
- introducing product or shelf labels making it clear that certain products are high in sodium;
- providing targeted dietary advice to people visiting health facilities;
- advocating for people to limit their intake of products high in salt and advocating that they reduce the amount of salt used for cooking; and
- educating children and providing a supportive environment for children so that they start to adopt low salt diets early.

Actions by the food industry should include:

- incrementally reducing salt in products over time so that consumers adapt to the taste and do not switch to alternative products;
- promoting the benefits of eating reduced salt foods through consumer awareness activities in food outlets;
- reducing salt in foods and meals served at restaurants and catering outlets and labelling sodium content of foods and meals (1).

Q: How can individuals reduce their salt/sodium intake?

Individuals can reduce their salt/sodium intake by:

- not adding salt during the preparation of food;

- adding herbs and condiments instead of salt;
- not having a salt shaker on the table;
- limiting the consumption of salty snacks;
- choosing products with lower sodium content (1).□

Q: How does WHO support countries to promote a reduction in salt consumption?□

Reducing the average population salt intake as per WHO recommendations is one of the strategic interventions under the area of prevention and reduction of risk factors in the Regional framework for action (5). In addition, WHO is working within the Global strategy on diet, physical activity and health and closely with governments to meet nine global targets to reduce noncommunicable diseases and give us all a better chance at a longer, healthier life by 2025. The fourth global target aims to reduce global salt intake by a relative 30% by 2025 (2,6). The WHO Regional Office has issued a policy statement and recommended actions to lower national salt intake and death rates from high blood pressure and stroke in the Region (4).

Furthermore, technical guidance, based on in-depth review of evidence and international experience, was developed in the form of policy statements on reducing intake of salt in countries.

Q: How have countries in the Region managed to reduce salt intake/consumption?□

Countries in the Region have identified certain food items where salt content is high. They reviewed recipes and set standards – some mandatory and others voluntary. Countries also set targets to reduce salt by 30% in selected (and highly) consumed food items – primarily bread and processed food, followed by cheese and canned food (4). □

References

[1. Salt reduction, Fact sheet N°393. Geneva: World Health Organization; 2015](#)

[2. Global status report on noncommunicable diseases 2014. Geneva: World Health Organization; 2014](#)

[3. Policy statement and recommended actions to lower national salt intake and death rates from high blood pressure and stroke in the Eastern Mediterranean Region. Cairo: WHO Regional Office for Eastern Mediterranean; 2015](#)

[4. Reducing population salt intake in the Eastern Mediterranean Region – time for urgent action. Eastern Mediterranean Health Journal. 2014: 20\(12\)](#)

[5. Regional framework for action. In: WHO/Noncommunicable diseases. Cairo: WHO Regional Office for Eastern Mediterranean; 2015](#)

[6. Global strategy on diet, physical activity and health. Geneva: World Health Organization; 2015](#)

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