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ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

European Salt Action Network (ESAN)

Report of the meeting in Bern, Switzerland
2 – 3 April 2014

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Introduction

Background and aim of the network

The WHO Action Network on Salt Reduction in the Population in the European Region (ESAN) was established in 2007 under the auspices of the WHO and with the support of the United Kingdom Food Standards Agency (FSA). Since May 2013 Switzerland chairs the ESAN.

The network was established as a response to the increasing salt consumption of the population. Salt reduction plays a very important role in supporting the achievement of the reduction of non communicable diseases in the European population. WHO Europe has listed salt reduction as one of the priority interventions in the most recent *Action Plan for the implementation of the European Strategy on the Prevention and Control of Noncommunicable Diseases (2012-2016)*.

In line with the Action plan, the network aims to:

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

Organisation of the network

Since May 2013, the Federal Food Safety and Veterinary Office of Switzerland chairs the network. As of April 2014, the network consists of more than 20 of the WHO European Region. Participants in the network work in governmental institutions i.e. Ministry of Health, Public Health Institute, Health Directorate, or have been nominated by the government. Furthermore, representatives from WHO and the WHO collaborating centres participate in the network.

Representatives from network Member States usually meet once per year. The meeting is organised by the ESAN leading country in close collaboration with WHO Regional Office for Europe. The network meeting is an important arena for sharing and discussing experiences in salt reduction strategies. Working groups on specific topics may be installed. The working groups report back on a regular base on their progress during the annual general meeting.

Network meeting 2014 in Bern, Switzerland

The network meeting 2014 was held in Bern, Switzerland on 2 and 3 April 2014. The Federal Food Safety and Veterinary office hosted the meeting. Representatives from 17 countries (Albania, Austria, Bulgaria, Finland, Greece, Hungary, Ireland, Israel, Italy, Norway, Portugal, Serbia, Slovenia, Switzerland, the Netherlands, Turkey and the UK), the WHO and the WHO collaborating centre RIVM attended the meeting.

This meeting report has been prepared by the network secretariat in Switzerland and mainly follows the structure as the meeting program, see Annex.

Opening of the meeting

Dr Michael Beer, Head of Division Food and Nutrition and Vice Director of the Federal Food Safety and Veterinary office, welcomed the participants and opened the meeting together with Dr João Breda from the WHO Regional Office for Europe. Dr João Breda mentioned that the ESAN is very important for guidance, especially due to the fact that different progress was made among the countries. Furthermore he highlighted that involvement of stakeholders is important and mainstream salt reformulation and monitoring is desirable.

Session 1: Update on salt reduction strategies

Mapping salt reduction initiatives in the WHO European Region – Summary of the report

Dr João Breda from the WHO Regional Office for Europe highlighted that nutrition and physical activity became a major element regarding the global burden of disease. Breda gave a brief recap of the situation on salt in the population of the WHO European Region. When it comes to implementation of salt reduction policies, 23 countries reported no action and 30 had partly or fully implemented actions. He also addressed the problem of differences in salt intake evaluation, which makes data comparison difficult. He expressed the need for a golden standard (24 h urine excretion). Eventually, João Breda concluded that good progress was made in some countries and encouraging and promising developments were made in others.

http://www.euro.who.int/_data/assets/pdf_file/0009/186462/Mapping-salt-reduction-initiatives-in-the-WHO-European-Region.pdf

Country updates

Representatives from the UK, Hungary, the Netherlands, Bulgaria and Switzerland gave presentations about the current situation of salt consumption and salt reduction strategies in their countries.

Different approaches to reduce the salt intake of the population were presented. Interestingly, the UK and the Netherlands extended their strategy to a broader product reformulation strategy, including salt and saturated fat.

Session 2: Challenges in public awareness campaigns

Representatives from Finland, Portugal, Serbia and Albania gave an update on salt reduction in their countries and challenges regarding public awareness campaigns. Sirpa Sarlio-Lähteenkorva, representative from Finland, mentioned that national campaigns are very expensive. Consequently, community-based interventions are preferred. Other countries reported similar experience. During the session, close collaboration with health professionals was also mentioned as an efficient tool to raise public awareness in the population.

Session 3: Research projects

Introducing MENO SALE PIU' SALUTE

Dr Pasquale Strazzullo from the "Federico II" University of Naples Medical School introduced the study MENO SALE PIU' SALUTE. This ongoing project is an intervention trial of dietary salt intake reduction at the population level, conducted in the northern region of Italy (around Benevento) and in the Southern region (around Vallo della Lucania). The main objective of the study is to evaluate the feasibility of a strategy to achieve moderate, gradual dietary salt reduction at the population level. Methods include fixed sequence questionnaire, complete anthropometry, fasting blood sample, blood pressure measurement, 24-hour urine collection and food frequency questionnaire at the beginning of the study and after 18 months.

Dr Strazzullo presented activities of active intervention programs, which include:

- Involvement of local authorities and opinion leaders;
- Involvement of local general practitioners
- Activation and promotion of a website <http://www.menosalepiusalute.it/> and a related Facebook profile
- Interaction with local media
- Distribution of educational material with the help of GPs, drugstores and local health organizations
- Negotiation with local food producers to seek collaboration for reduction of added salt in food preparation
- Collaboration with supermarkets, groceries and food shops to promote healthy nutritional choices including reduction of salt intake
- Negotiation with pizzerias and restaurants for salt-reduced menus
- Involvement of local schools and school catering companies

Final results and conclusions of the study are expected in 2015.

Methodological aspects of health effect projections of salt reduction

Dr Joop van Raaij from the WHO collaborating centre RIVM (National institute for public health and the environment) presented the outcomes of an international workshop. This workshop was conducted because results published in literature about health impact of salt reduction are hard to compare. Observed differences in studies included population health models, assumptions made, input data or outcome indicators. Consequently, the purpose of the workshop was to discuss the discrepancies of health effect projections of salt reduction and to identify the underlying causes of these discrepancies.

Seven research groups were identified with an expertise in modelling the health effect projections of salt reduction. Representatives of these research groups were therefore invited to the workshop to present their model. The models presented and the methodological issues were afterwards discussed. It was concluded that each model has its own merits and that the model to be used strongly depends on the questions to be answered. Nevertheless, it was highlighted that more transparency was desirable for the future in order to understand the methodological choices.

Furthermore, it was decided that a kind of review on these methodological choices and some recommendations should be made. Consequently, the RIVM is currently working on a draft manuscript (Henriksen *et al*) in which the review of the methodological issues as discussed during the workshop will be incorporated and in which the consequences of methodological choices will be tested using the DYNAMO-HIA model.

Discussion about possible joint research projects

Different ideas about further joint research projects were discussed among network participants. Those ideas included the impact of potential policy actions on traditional products or the evaluation to which level salt is replaced by other products, such as KCl. Furthermore, it was mentioned that the same product from the same company may differ in its salt content in different countries. A data collection of those products among the different member-states was appreciated.

Session 4: Working groups

Working Group Bread

Dr Michael Beer reported back from the working group bread. This WG was established at the meeting in London in 2011. The objective was to create a simple tool to share knowledge about salt reduction in different food categories among ESAN members, starting with bread. The WG originally consisted of Belgium, Ireland, Spain and Switzerland. Different ideas were conducted during a WG meeting in Bern in 2012. The discussion illustrated that the definition of bread and bread types is difficult.

In a next step, a first version of the excel tool was finalized by Switzerland and sent to participants from Austria, Greece and Ireland prior to the meeting in 2014. This pilot test showed that the excel tool needs to be updated, especially the definition of breads needs to be reviewed and some parts of the tool may be negligible. Consequently, it was suggested that the excel tool will be updated and sent to all network participants.

Overall, the excel tool was welcomed by network participants and it was considered a useful tool to collect data. Nevertheless, it was mentioned that results may be biased and that the mean value may not be enough meaningful. Especially comparison of bread from the supermarket and artisanal bread was considered to be delicate.

New Working Group “Global products”

Following the discussion from the previous day it was decided to install a new working group, focusing on “global products”. In a first round, around 10 products from international brands should be listed and data about the salt content of those products in different member states should be collected. The Federal Food Safety and Veterinary office will prepare a first draft of a potential data collection tool.

Session 5: Salt reduction and iodine intake: coordinated approach needed

Adjustments of the iodine level in Swiss salt, the reasons behind and future monitoring

This presentation was given by the guest speaker Dr Maria Andersson from the ETH Zurich. She gave a brief update on the current situation in Switzerland, where iodine fortification of salt is voluntary. Fortunately, more than 80% consume iodized salt. The iodine status of the population is measured every five years in a national survey. Results from the last monitoring of 2009 suggested that Swiss population are borderline iodine sufficient, especially pregnant and lactating women may not be adequately supplied. This observation was mainly attributed to the decreasing use of iodized salt in the food industry and canteens.

An expert report on behalf of the federal commission for nutrition recommended to increase the iodine content in Swiss salt from 20 to 25 ppm to ensure iodine sufficiency in all population group. This adjustment was conducted per January 2014.

Eventually, Maria Anderson highlighted future challenges regarding a sufficient iodine level. A harmonized strategy is desirable to ensure the highest possible penetration rate of iodized salt in food production.

Salt reduction and iodine intake – experiences from Slovenia

Dr Cirila Hlastan Ribič, representative from Slovenia, gave a brief update on salt consumption and prevalence of high blood pressure in Slovenia. Obligatory table salt iodization was introduced in 1953 with 10 mg KI/kg salt in Slovenia. Consequently, goiter prevalence decreased. In 1991 prevalence of goiter among school-aged children was estimated to be 12%. A new regulation has been accepted in 1999, which resulted in an increase in KI supplementation to 25 mg per kg of salt, both for salt used for human consumption and in the food industry.

In the period from 2003 to 2005, a first urinary iodine concentration study was performed in around 2400 adolescents. Results showed that Slovenian adolescents were iodine sufficient. However, adequate iodine intake of Slovenian adolescents was mainly attributed to excessive salt intake. Therefore, Dr Cirila Hlastan Ribič concluded that it was highly important to monitor the iodine supply in Slovenia and

to combine those results with the total salt intake to assess if current recommendations for iodine fortification of salt needs to be revised.

Iodine intake in the Netherlands after successful salt reduction in bread

Dr Joop van Raaij from the RIVM gave this presentation on behalf of his colleague Dr Janneke Verkaik-Kloosterman and her team. During the presentation, a tool to estimate (habitual) iodine & salt intake in the population and to predict effect of salt reduction strategies and iodine policies on iodine intake was presented. Therefore, the most important sources of salt were determined, being bread (26%), meat products (10%) and cheese (10%). Furthermore, iodine intake was attributed to four sources: iodine naturally present in food, iodized salt added by manufacturers, discretionary use of iodized (kitchen salt) and dietary supplements.

Using this information, a tool was developed to estimate total (habitual) iodine intake by age-gender categories. Simultaneously, validation was performed with 24-hr urinary iodine excretion.

Dr Joop van Raaij concluded that application of this simulation tool may allow estimation of the current iodine intake, evaluation of the effect of projected changes in iodine policy and evaluation of the effect of projected salt reduction on iodine intake.

Session 6: ESAN Terms of Reference

Terms of Reference

Dr Michael Beer presented the Terms of Reference of the ESAN. The goals and organisational structure were adopted by the participants. It was decided that participants of NGOs may be invited as speakers but should not be included as participants in the network.

Further steps, information

Dr João Breda from the WHO Regional Office for Europe prepared together with Dr Michael Beer a draft letter for the Second International Conference on Nutrition ICN2 meeting, taking place in November 2014 in Rome. The statement highlighted the importance of salt reduction as a global issue regarding the growing burden of NCDs and asked for commitments to strengthen governance for nutrition. It was decided that the draft letter will be sent to participants and comments can be submitted.

Eventually, Dr João Breda reminded participants of the deadline to submit comments on the Food and Nutrition Action Plan 2014 – 2020 until 17th of April 2014.



Annex: Programme

Meeting of the European Salt Action Network (ESAN)

2 April – 3 April 2014, Bern, Switzerland

Programme

Wednesday, 2 April 2014

08:30 – 09:00 Registration

09:00 – 09:15 Opening and welcome speech

- *Dr Michael Beer, FSVO*
- *Dr João Breda, WHO Regional Office for Europe*

09:15 – 11:45 Session 1: Update on salt reduction strategies within the WHO European Region

Chair: Switzerland, Liliane Bruggmann

- Mapping salt reduction initiatives in the WHO European Region – Summary of the report
Dr João Breda, WHO Regional Office for Europe
- Countries – updates
 - Switzerland – *Liliane Bruggmann*
 - UK – *Ailsa McGinty*
 - Hungary – *Dr Eva Martos*
 - The Netherlands – *Letteke Boot*

Coffee/tea break during the session

11:45 – 12:45 Lunch break

12:45 – 14:15 Session 2: Challenges in public awareness campaigns

Chair: Finland, Sirpa Sarlio-Lähteenkorva

- Finland – *Sirpa Sarlio-Lähteenkorva*
- Portugal: Minorsal.saúde a community based strategy to reduce salt in bread and soup in Portugal – *Prof Pedro Graça*
- Serbia – *Dr Jelena Gudelj Rakić*
- Albania – *Eralda Mariani*

14:15 – 14:45 Coffee/tea break

14:45 – 17:00 Session 3: Research Projects

Chair: WHO, Dr João Breda

Presented Research Projects:

- Introducing MENO SALE PIU' SALUTE
Pasquale Strazzullo, Professor of Medicine, Federico II University of Naples Medical School, Italy

Presented Research Projects:

- Methodological aspects of Health effect projections of Salt Reduction: Outcomes of an international workshop
Dr Joop van Raaij, Senior Scientist in Public Health Nutrition, WHO Collaborating Centre for Nutrition (head), National Institute for Public Health and the Environment, RIVM
- Innovative tool to evaluate salt content in foods
Video presented by Prof Pedro Graça, Directorate of General Health, Lisboa

Discussion about possible joint research projects in the framework of Horizon 2020 and/or joint action EU – *Dr João Breda*

18:30 City Tour “Zytglogge”

19:30 Joint dinner

Thursday, 3 April 2014

09:00 – 10:30 Session 4: Working groups

Chair: Switzerland, Dr Michael Beer

- Reporting back on WG “Bread”
- Next steps
New working groups (meat, other food categories)

10:30 – 11:00 Coffee/tea break

11:00 – 12:15 Session 5: Salt reduction and iodine intake: coordinated approach needed

Chair: UK, Ailsa McGinty

- Adjustments of the iodine level in Swiss salt, the reasons behind and future monitoring
Dr Maria Andersson, Senior scientist, Laboratory of Human Nutrition, ETH Zurich, Switzerland
- Salt reduction and iodine intake – Experiences from Slovenia
Prof Dr Cirila Hlastan Ribič, National Institute of Public Health, Ljubljana, Slovenia
- Iodine intake in the Netherlands after successful salt reduction in bread
Dr Janneke Verkaik-Kloosterman and colleagues; presented by Dr Joop van Raaij

12:15 – 12:30 Session 6: ESAN Terms of Reference

Chair: Switzerland, Dr Michael Beer

Discussion of draft

12:30 – 13:00 Conclusions, next steps

13:00 – 14:00 Lunch