

# **A conversation with Action on Salt, March 20, 2019**

## **Participants**

- Professor Graham MacGregor – Chairman, Action on Salt
- Mhairi Brown – Nutritionist, Action on Salt
- Marinella Capriati – Research Consultant, GiveWell

**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Professor MacGregor and Ms. Brown.

## **Summary**

GiveWell spoke with Professor MacGregor and Ms. Brown of Action on Salt as part of its investigation into sodium reduction policy in low and middle-income countries (LMICs). Conversation topics included mortality related to sodium intake, sodium reduction interventions, the policy advocacy process for sodium reduction, and room for more funding.

## **Mortality related to sodium intake**

Excessive sodium consumption is a leading cause of high blood pressure, which in turn increases the risk for cardiovascular disease (including stroke and ischemic heart disease), one of the top global causes of death and disability.

## **Sodium reduction interventions**

The relative effectiveness of sodium reduction interventions depends significantly on the context in which policies are implemented.

## **Reformulation strategy in high-income countries**

In high-income countries, most sodium consumed by individuals originates from processed foods produced by the private sector. In these contexts, the simplest and most effective sodium reduction intervention is to ensure that manufacturers reformulate their products to contain less sodium.

### *Reformulation strategy in the UK*

The strategy for reformulation in the UK was led by the Food Standards Agency (an independent agency), with input from Action on Salt, and involved:

1. Setting four-year sodium reduction targets for different food groups that were easily achievable
2. Meeting with industry after two years to review progress and set lower targets (to be achieved within the following four years)
3. Repeating this cycle until sufficient reductions in sodium have occurred

The UK has repeated this cycle three times, achieving a 30-40% sodium reduction in all breads produced (the largest source of sodium intake in most countries outside of the Asia-Pacific region) as well as in many other supermarket foods. Consequently, population-level blood pressure has decreased, the number of

strokes and heart attacks occurring each year has been reduced by 18,000 (9,000 of which would be fatal), and the UK's National Health Service has saved £1.5 billion per year since the policy was implemented.

World Action on Salt and Health (WASH) was created to spread Action on Salt's reformulation strategy in the UK to other nations. WASH has been particularly successful in influencing the World Health Organization (WHO) to promote sodium reduction, which is now recognized by the WHO as one of the most cost-effective public health policies.

### **Tailored strategies for developing countries**

In many developing countries, sodium intake largely originates from salt added to food by individuals, as processed foods are not as widely consumed. Strategies for reducing sodium intake in these contexts must be tailored to the consumption patterns of targeted populations. For example, in China, most sodium intake derives from salt added to foods during cooking or at the table.

#### *Strategies in China*

In 2017, Action on Salt received a £6.6 million grant from the UK National Institute for Health Research for sodium reduction work in China and to establish Action on Salt China. Strategies will include:

- **School-based education program** – Previous studies conducted by Action on Salt in China have found that influencing schoolchildren to promote sodium reduction to their parents and grandparents is highly effective.
- **Public health campaigns** – Action on Salt China will conduct public campaigns to raise awareness of the dangers related to excessive sodium intake.
- **Use of potassium salt** – The addition of potassium to salt mitigates the impact of sodium on blood pressure.

Action on Salt China's strategies are currently being developed, with the program due for completion in 2021.

#### *Strategies in India*

Sodium reduction work in India is not as organized or well-funded as in China. Initiatives in India include:

- **Studies of sodium consumption** – Professor Bruce Neal, based at The George Institute for Global Health, has conducted studies of sodium intake in India. Results have varied significantly, as different religious groups in the nation have different diets.
- **Collaboration with local stakeholders** – Action on Salt is attempting to work with nephrologists and other stakeholders in India eager to reduce sodium consumption.

## **Inefficacy of education-based programs**

Although Action on Salt supports initiatives to educate consumers about the dangers of excessive sodium intake, it believes that education-based programs can often be ineffective due to the power of food advertisements—particularly among younger populations. Action on Salt also supports UK government proposals to restrict the promotion and marketing of unhealthy foods to children, which the food industry has already indicated that it will oppose.

## **Advocacy process for sodium reduction policy**

Action on Salt has been successful in achieving sodium reduction policies in many countries. Compared to other public health programs, sodium reduction policies tend to be straightforward to implement, inexpensive, and impactful (benefits can manifest within four to five years). Action on Salt has found that most national governments have already implemented or are considering sodium reduction and mainly require external encouragement, resources, and technical input.

## **Challenges**

Building momentum for national-level action on sodium reduction requires the support of high-level government officials, which can sometimes be challenging to obtain. Furthermore, Action on Salt has found it important to avoid appearing as a foreign organization making demands.

### *Resistance from industry*

Sodium reduction policies have generally received minor resistance from industry, particularly in LMICs. Large companies such as Nestlé and Unilever have already recognized that the food industry cannot continue to produce foods that are very high in salt, fat, and sugar. Furthermore, compared to the prospect of taxation or marketing restrictions, sodium reduction targets are a relatively attractive option.

However, industry response to sodium reduction policy has varied by country:

- **Voluntary targets in the UK** – In the UK, sodium reduction targets were voluntarily adopted by industry, although the strict monitoring that enforces the targets has gradually reduced in quality since responsibility for sodium reduction was moved from the Food Standards Agency, an independent organization.
- **Regulated targets in South Africa** – In South Africa, the National Department of Health—which has the constitutional power to regulate sodium reduction targets—provided companies the option of regulated or voluntary targets. The companies overwhelmingly selected regulation in order to ensure fairness across the industry.
- **Strong resistance in the US and Canada** – The food industry is much stronger in the US and Canada and has attempted to block the creation of national sodium reduction targets.

## **Room for more funding**

### **Major funders**

Organizations working on sodium reduction often have to operate on very small budgets due to lack of available funding.

#### *International development aid agencies*

The large majority of funding available for work on sodium reduction comes from international development aid agencies (e.g. UK's Department for International Development), sometimes in collaboration with WHO or its country offices.

Recently, the UK government decided to allocate a larger portion of its development aid budget, through the National Institute for Health Research, to public health and research projects in LMICs. However, the applicant pool for this funding is highly competitive.

#### *Resolve to Save Lives*

The other major funder of sodium reduction work is the Resolve to Save Lives, an initiative of Vital Strategies funded by Bloomberg Philanthropies.

### **Use of additional funding**

Action on Salt would primarily allocate additional funding towards work in Southeast Asia. It was previously involved in studies of sodium consumption in Malaysia, which found that soy sauce was likely the largest contributor to sodium intake in the country. However, Action on Salt did not receive additional funding for program implementation. Its plan was to pilot a reformulation program for soy sauce and other high-salt sauces in Malaysia and scale the model to the many other countries in the region with similar sodium consumption patterns (e.g. Thailand, Vietnam, Cambodia). Additionally, they would be interested in exploring the possibility of working in Sri Lanka, where there is more organized support in favor of sodium reduction policies.

*All GiveWell conversations are available at  
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