

Stop...Look...Choose...



...the lower salt option

ANNUAL REPORT

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Consensus Action on Salt & Health

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Consensus Action on Salt & Health

About CASH

Consensus Action on Salt and Health (CASH) is a group of specialists concerned with dietary salt consumption and its effects on health. CASH is successfully working to reach a consensus with the food industry and Government over the harmful effects of a high salt diet and bring about a reduction in the amount of salt in processed, catered and restaurant food, as well as salt added to cooking and at the table.

In June 2012, the Department of Health published a report on dietary sodium intakes which found that sodium levels are decreasing, with the average adult now consuming around 8.1g salt each day. Salt intakes have fallen from 9.5g to 8.1g since 2001, a drop of about 15%. This steady and continuous decline in salt intakes is extremely encouraging to hear, as studies suggest that this reduction in average daily salt intake, through the reduction it has on blood pressure, will prevent approximately 20,000 strokes, heart attacks and heart failures, 8,500 of which are fatal in the UK every year. Nevertheless, many adults still eat 9-12g of salt daily, up to twice the maximum amount of salt that is currently recommended (6g/day).

Salt is the main factor in causing high blood pressure, the consequence of which is strokes and heart attacks; these diseases are the biggest causes of death and disability in the UK. If everyone achieved the target of 6g salt per day, the 2.1g reduction from the current daily average level of 8.1g would mean that almost 17,000 lives would be saved each year and a further 17,000 people would be saved from the trauma and possible disability of a cardiovascular event which they survive. Salt is also linked to a number of other health conditions including stomach cancer, osteoporosis, kidney stones, kidney disease and obesity. The benefits of salt reduction to public health are therefore multifaceted and cannot go unnoticed.

AIMS

The main source of salt in the UK diet is that added in food processing and manufacturing, and in catered and restaurant/takeaway food. This accounts for around 75% of our salt intake and is hidden in commonly-consumed foods, e.g. bread, meat products and ready prepared meals. CASH works to put pressure on the food industry to reduce the amount of salt added to their foods (through media relations and meetings with the industry) and at the same time is working to educate the general public to be more salt aware.

Alongside the food industry and the Department of Health (DH), CASH will seek to ensure that the salt target of 6g per day for all adults (and much less for children) is achieved.



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CASH MEMBERS

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Trustee
Trustee
Member
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Member
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Member
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Professor J Winkler
Dr F He
Dr W Sunman
Mr M Kane (food technologist)
Professor S Capewell
Professor K McPherson
Dr J George

STAFF

Katharine Jenner
Clare Farrand
Sonia Pombo
Kawther Hashem
Stephanie Tucker
Lorraine Hamilton
David Clarke

CASH/WASH Campaign Director
International Programme Lead
Nutritionist
Nutritionist
Nutritionist
PA
Press Officers p/t

ADDRESS

Wolfson Institute of Preventive Medicine
Barts and The London School of Medicine and Dentistry, Queen Mary University of London, EC1M 6BQ
Tel: 020 7882 6018/5941 | www.actiononsalt.org.uk | www.worldactiononsalt.com | cash@qmul.ac.uk



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Summary of the year 2013/2014

The last year has seen CASH make great strides in salt reduction. Our influence has reached retailers and the out of the home sector, through to ensuring the government secured the future of salt reduction. And of course, the group 'Action on Sugar' was launched in January. As such, CASH have had a very busy year!

The summer of 2013 saw the Department of Health (DH) host a great number of meetings with industry and NGOs, reviewing the 2012 salt targets and discussing new potential limits that are both reasonable and achievable within an agreed time frame. After many months of deliberation, the DH published the new targets in March 2014 for both retailers and manufacturers to achieve, and for companies that sell food outside of the home.

CASH attended all scheduled meetings with the DH and fought strongly to ensure significant reductions were made. On average, the new limits are 10% lower than the 2012 targets, and it is thought that if all members of food industry achieved them, an estimated 0.5g reduction in population salt intake would occur, which would result in average intakes reaching 7.6g day by 2017.

This year, to coincide with the new front of pack labelling guidance issued by the DH, our focus has been on encouraging the implementation and understanding of front of pack labelling. CASH are

huge supporters of labelling, as it increases awareness and educates consumers, encouraging them to think twice before buying a product. As a result, after many months of planning, CASH were proud to launch our first ever smartphone app, FoodSwitch.

We held the fifteenth annual Salt Awareness Week and carried out a number of food surveys focused on key contributors of salt to the diet.

It has been a busy year internationally as well, encouraging countries to commit to salt reduction using the 'CASH' model and adapting it to their own country's political landscape, predominantly via the UN Summit on NCDs and meetings of the World Health Assembly. As a result, the World Health Organisation (WHO) endorsed a new target to reduce salt intakes by 30% by 2020, towards a target of 5g.

CASH staff changes

We'd like to introduce a new member to our team, Stephanie Tucker, who joined us in February to help with the launch of FoodSwitch and upkeep of our extensive food database.

Unfortunately, after 5 years, we've had to part ways with Taste PR. Taste have been a great asset to CASH and have worked extremely hard to ensure we obtain a great level of media interest. Unfortunately due to an increasing number of conflicting interests, we thought it best to look to pastures new. We'd like to introduce our new PR representative David Clarke, from Rock PR. CASH welcome David to the salt team, and have great hopes for the future!



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Government Level Work

THE PUBLIC HEALTH RESPONSIBILITY DEAL (RD)

As part of the DH's salt strategy beyond 2012, a great number of meetings were held over the summer months between industry, CASH (as the sole representative of NGOs) and government, to review the existing 2012 targets with the intention of reducing them once more and driving salt reduction further.

CASH attended all scheduled meetings with the DH and fought strongly to ensure significant reductions were made.

Most of the food categories were rather successful in achieving the 2012 target, whilst some have been disappointingly slow across the board, particularly meat products. Reasons given for its slow progress tended to be due to microbiological safety, the need for salt for functional reasons, and the DH's current opinion on the use of potassium-based salt replacers.

CASH carried out its own analysis for each of the food categories in question and submitted individual letters for each, highlighting where further reductions could and should be made. Each letter was supported by 10 NGOs.

On average, the new limits are 10% lower than the 2012 targets, and it is thought that if all members of food industry achieved them, an estimated 0.5g reduction in population salt intake would occur, which would result in average

intakes reaching 7.6g day by 2017. This means it is unlikely we achieve the goal of 6g a day by 2015 as recommended by NICE.

Nonetheless, some progress is better than none, thus we continue to encourage sign up to the Responsibility Deal (RD) salt reduction pledges across the whole industry (retailers, manufacturers, out of home etc.), meeting with food companies as much as possible, and providing guidance.

Salt Reduction beyond 2012 – '2017 targets'

On 7th March 2014, the DH published the new salt targets, to be achieved by the end of 2017. These targets look at both the [food industry](#), with an update to the 2012 targets, and the [out of home](#) food sector, with new maximum per serving salt targets issued for 10 of the most popular meals eaten out of the home.

When the salt reduction programme began back in 2003, the intention was to set targets to be met within an achievable time frame, with further reductions made every two years so as to keep the momentum going. We are pleased that DH has set new targets for 2017, but are disappointed that it has taken such a long time to do so, and hope that motivation has not been lost. CASH will continue to help consumers lower their salt intake, despite the delay.

Out of Home companies

For years the out of home sector were wrongly left out of the RD, and as a result they are now lagging behind the rest of the food industry. From previous discussions with the out of home sector,



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many struggled to apply the 2012 salt pledges to their own place of work, as they do not operate on per 100g basis but rather per serving.

With this in mind, and in an attempt to bring them up to speed with the rest of the food industry, the DH created a separate pledge for the out of home sector. This new pledge provides part of a solution due to its simplicity, and outlines maximum values of salt for meals, on a per serving basis. Unfortunately interest in the out of home pledge has so far been disappointing; with very little pick up since its launch.

CASH will be in contact with these companies to discuss their salt reduction strategy and encourage sign up. To see the latest list of those signed up to the RD, please [visit their website](#).

POTASSIUM REPLACERS

As part of the DH's strategy for action beyond 2012 last year, they sought to consider in more depth, the issues around use of potassium-based salt replacers and its effect on vulnerable groups of people, particularly the elderly, young and those suffering with severe kidney disease. DH requested help from industry for information on the products that salt replacers would be used in, the levels of addition and the likely reduction of salt in products.

They have since requested the help of the Scientific Advisory Committee on Nutrition (SACN) and the Committee on Toxicity (COT). COT concluded that young children would unlikely be

more sensitive to excess potassium and that, regardless of this, their exposure would be limited since few potassium based additives are permitted in infant foods. Further information on the number of people with serious health effects of hyperkalaemia is needed before a decision can be made, which may take months.

Many companies are using this to stall on their progress, and will most likely await the final decision before making further developments. CASH's view is that these companies are looking towards other solutions, not just salt replacers. The use of replacers is a useful short term alternative to replacing sodium in products, but does not alter the salty taste profile.

Nonetheless, as a nation, we are not consuming enough potassium in the diet. So as to make people more aware of the need for potassium, and useful dietary sources, CASH have created a potassium shopping guide, useful for those either looking to increase or decrease their intake.

Blood Pressure UK

Potassium Shopping Guide

If you have been advised by your doctor, dietitian or a healthcare professional to either increase, or to lower, your potassium intake – our handy guide should help you out.

Why you should have potassium: If you have been advised to increase your potassium intake, this guide should help you choose foods with a potassium benefit to your diet.

Why you should have potassium: To reduce the risk of kidney disease, it is important to eat potassium-rich foods. One of the best sources of potassium is fruit and vegetables.

Why you should have potassium: Some people with kidney disease have particular problems with potassium, so should avoid potassium-rich foods, and choose 'low salt' or 'no salt' products.

Why you should have potassium: If potassium levels in the body are too high, hyperkalaemia can result, which can be a medical emergency.

Hyperkalaemia is a potentially dangerous disturbance of the heart rhythm.

It potassium levels in high those foods such as fruit, vegetables & wholegrains? No, the potassium content varies in different food and vegetables, but generally, those in high potassium are also rich in fibre, vitamins and antioxidants. Some vegetables (beans and lentils) have a high potassium content. But vegetables tend to contain higher amounts of potassium than bread.

When buying vegetables, potassium can be reduced and in the water, so for extra potassium, use unfiltered water. Wash fresh vegetables in a strainer to help, when washing, do not soak for long. Use the cooking liquid from most food of these foods, especially for soups, stews, curries etc. and to eat the skin, but the quantities are small. Use the cooking liquid from most food of these foods, especially for soups, stews, curries etc. and to eat the skin, but the quantities are small.

Do I need to check the label for potassium every time I go shopping? Unfortunately potassium isn't often labelled on food packaging. However, take note of potassium levels in the label of potassium-rich foods, and for potassium added in a serving spoon or in the form of potassium chloride or potassium bicarbonate. These are potassium salts, and are usually added to salt between a third to two-thirds of the total salt in the food.

What should I avoid? Avoid potassium-rich foods, such as fruit, vegetables, and wholegrains. If potassium levels in the body are too high, hyperkalaemia can result, which can be a medical emergency.

Foods HIGHER in Potassium
200mg per 100g, from lowest to highest

Foods LOWER in Potassium
200mg per 100g, from lowest to highest

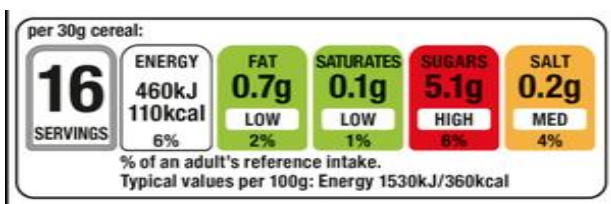
Higher Potassium Foods: Beetroot, Broccoli, Brussels Sprouts, Cauliflower, Celeriac, Courgette, Cucumber, Eggplant, Fennel, Garlic, Kale, Leek, Lettuce, Onion, Parsnips, Peas, Potatoes, Spinach, Sweetcorn, Turnips, Watercress, Wholemeal Flour, Wholemeal Pasta, Wholemeal Bread, Wholemeal Biscuits, Wholemeal Crackers, Wholemeal Cookies, Wholemeal Cakes, Wholemeal Buns, Wholemeal Rolls, Wholemeal Sandwiches, Wholemeal Scones, Wholemeal Tarts, Wholemeal Toast, Wholemeal Tortillas, Wholemeal Wraps.

Lower Potassium Foods: Butter, Cheese, Eggs, Ham, Milk, Nuts, Oil, Sugar, White Bread, White Biscuits, White Crackers, White Cookies, White Cakes, White Scones, White Tarts, White Tortillas, White Wraps.

FOOD LABELLING

CASH, along with a number of other health organisations, have long been urging the government to recommend the use of colour-coded labelling in a consistent and easy to read manner on front-of-pack (FoP) across all food products. Thankfully, after years of discussion and a three-month consultation, the DH announced a new pledge in June 2013, as part of the RD for the use and implementation of a voluntary FoP labelling scheme recommended by all UK governments.

The 'hybrid' labels combine the use of colours (green, amber and red), Reference Intakes (RI) (formerly known as guideline daily amounts, GDAs) and the amount of each nutrient in the product, for energy, fat, saturated fat, sugar and salt per 100g or per portion.



Example of new front of pack label format

The labels have a new 'red' threshold for salt per portion, in line with our recommendations and the other nutrients, at 30% of daily intakes, or 1.8g per portion (previously 2.4g).

The DH issued two separate pledges for labelling; one (F7a) encouraged sign up from supermarkets and food retailers who agree to adopt the new scheme, and the other (F7b) was for interested parties such as NGOs, who agree with the scheme and pledge to promote it and educate consumers

about the forthcoming changes to their food packaging. Pledges were announced with all major supermarkets having already agreed to adopt the new scheme, representing nearly two thirds of all food available in store.

CASH are supporters of the FoP labelling scheme, and have signed up F7b, encouraging education and understand of the new system where possible. As roll out of the new format was likely to be a gradual process for industry, we decided to focus 2014's Salt Awareness Week on food labelling, as the perfect opportunity to explain to consumers what changes they are likely to expect, and how to make the most of this new and useful information. New material was also produced, which was sent out during Salt Awareness Week, and can be downloaded on our [website](#).

Check the label!

About three quarters of the salt we eat is hidden in processed foods. Checking food and drink labels means you can see how much salt you and your family are eating. This guide should help you to understand the labels.

Get into the habit of comparing similar products and choose those with more greens and ambers and fewer reds for a healthier diet.

Portion and Serving Sizes

Where portion sizes are given, see if it is how much you are actually eating. E.g. if a portion is stated as half of a product (e.g. pasta), but you eat the whole product, you will need to multiply the provided salt content by 2.

Reference Intakes

Reference intakes (RI) are general guidelines for the maximum amount you should eat in a day (6g of salt), given as a percentage (%). If you are buying for children, remember that the RI for a child is far lower than for adults.

When salt is only given per 100g

you will need to work out how much salt will be contained in a portion. You can do this by thinking about how much of the product you or your child will be eating in relation to both the pack size and 100g. Look at the weight of the packet as a guide.

What are the Reference Intakes of salt for children and adults?

Adults should eat less than 6g a day, and children much less. Babies 0-6 months should not be given any salt.

Is sodium the same as salt?

No, sodium is not the same as salt. It is in fact just a part of salt (sodium chloride). When only sodium data is given you will have to convert this to salt by multiplying the figure by 2.5.

Do I need to check the label every time I go shopping?

Look for your favourite brands, compare it with another product and choose the lower salt option. Next time you go shopping, you don't need to do it again! You can even do this at home by looking in your food cupboards and on supermarkets websites.

Can I find out how much salt is in my food when I'm eating out?

Unfortunately that's not easy, you can ask your server if they know how much salt is in your food, but we think it's best to ask for 'Less Salt Please!'

How about food cooked at home?

Make sure your ingredients have lots of 'green label' ingredients, like herbs, spices, garlic, chili and lemon. Don't add salt to your cooking or at the table, and you will have a low salt meal!

Is there an easy way of finding how much salt is in my food?

Yes! Try our smartphone App, Foodwatch! Foodwatch is available to download for free from iTunes and Google Play

Each 100g serving contains				
ENERGY	FAT	SUGAR	SALT	
1037kJ	3.8g	8.1g	9.1g	0.2g
12%	5%	16%	10%	3%

Colour coding

'Traffic light' labelling makes it easy to see at a glance if a product is high (red), medium (amber) or low (green) in certain nutrients, including salt.

GREEN

Indicates that a product contains low amounts of this nutrient. The more green circles, the healthier the choice.

AMBER

Indicates that a product contains medium amounts of this nutrient, so it's an OK choice most of the time.

RED

Indicates that a product contains high amounts of this nutrient, so enjoy this choice once in a while, or as a treat.

How much salt?

Use the key below to determine whether your food contains a high, medium or low amount of salt.

Per 100g	Per 100g	Per 100g	Per portion
Less than 0.3g	Between 0.3g and 0.6g	More than 0.6g	More than 1.8g

Frequently asked questions:

The traffic light colours for salt have changed on some of my favourite products. Why is that?
It doesn't necessarily mean the recipes have changed, the criteria used for the traffic light colours has been updated.



CASH Product Surveys

CASH carried out a number of surveys on the salt content of popular food products. CASH has had a busy year campaigning to reduce salt in our foods with strong media support for our surveys, reaching millions of people. The surveys have focused on foods that people may find surprisingly high in salt and perhaps do not even consider when thinking about their daily salt intake.

Following each of these campaigns, the brands that were featured negatively have been contacted and asked to explain to CASH their plans for salt reduction. A summary of this activity is as follows (oldest to newest):

[New research exposes completely unnecessary levels of salt hidden in butter and margarine](#)



British people are known to favour a bit of butter on their bread, with people consuming on average 11g of fats and spreads a day. However, whilst most people are aware of the high fat content of fats and spreads, and the risks linked to obesity, they rarely think about its contribution to their daily salt intake and their

blood pressure. Our research uncovered, for the first time, the shockingly high and unnecessary levels of salt in butter, margarine, fats and spreads. Of the 300 supermarket products surveyed, nearly two thirds failed to achieve the 2012 salt targets set by the DH. This is unacceptable, as salt is completely unnecessary in butter and is added purely for taste. We also found terms on labels to be deceptive, with the salt content of some varieties claiming they are 'slightly salted' or 'lighter' often failing to differ much from 'salted' or 'full fat' products. These products are targeting the health conscious shopper, who should expect these products to be lower in salt, when in fact they aren't, e.g. Weight Watchers dairy spread 2.5g salt per 100g vs Lurpak spreadable lighter unsalted 0g salt per 100g.

[Stocking up on salt this Christmas? New research exposes shocking levels of salt in stock and gravy](#)



As discussions were being held to create a new salt target for meat extracts, we felt it ideal to carry out a survey looking at the salt content of stocks and gravies. These products are most likely found in every household's food cupboard, but



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the salt content is rarely considered. Of the 103 stocks surveyed, only 13 products would have been given a green colour for salt content, with some containing 5g salt per stock cube! Stocks are used in various ways; in soups, gravies, risottos, crumbled into Bolognese sauces or used in marinades, however the amount of salt per cube is rarely declared on packaging, making it very difficult to calculate how much you actually consume. Gravies fared worse, with 99% receiving either an amber or red colour for salt, and could needlessly add almost a gram of salt to your meal e.g. Bisto's original gravy powder, 0.83g salt per 50ml portion. This survey served to highlight the levels of salt in stocks, and encourage consumers to use less, or think twice about adding salt too.

Revealed: Shocking levels of salt hidden inside your shopping basket

As part of salt awareness week, CASH wanted to highlight the shocking and unnecessary levels of salt hidden inside our weekly shopping baskets. CASH looked at examples of the most popular foods eaten by several different age groups, based on the latest NDNS data and compiled examples of 'typical shopping baskets', which revealed some alarming results. Based on types of foods eaten by a student, a shopping basket of higher salt products could contain up to 58g salt, while that of a mother could contain up to 64g. If they were to make some simple switches to lower salt options, their shopping basket would

be reduced to 22g and 18g respectively, that's a reduction of 62% and 72% per week!

In a bid to help consumers reduce their risk of heart attacks and strokes, CASH launched a new feature of the free health app FoodSwitch, called SaltSwitch. The app allows users to scan the barcode of nearly 90,000 packaged foods sold across major UK supermarkets using their smartphone camera to receive immediate, easy to understand colour-coded nutritional information along with suggested similar, less salt products.

DISCUSSIONS WITH FOOD INDUSTRY

CASH has engaged in a number of discussions with industry nutritionists over the last year and intends, particularly with the out of home industry, to increase the frequency of these meetings over the coming months, and maintain regular contact with them. These meetings are providing an interesting insight into companies' attitudes to salt reduction, and its role within wider Corporate Social Responsibility policies.

We are also investigating opportunities to teach chefs about salt reduction, through catering colleges and their places of work. CASH are currently in discussions with Leatherhead Food Research to potentially hold catering specific salt-reduction workshops for their members, providing nutrition education and training for those in the catering sector.



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The British Nutrition Foundation (BNF) and British Hospitality Association (BHA) have been developing online nutrition courses based on previous work they did with the Food Standards Agency (FSA) and DH (Catering for Health). The BNF have welcomed our offer of help with regards to modules on salt and health, and will be contributing to the curriculum.

FOOD TECHNOLOGY

As the progress in salt reduction continues apace, many companies are looking to us to provide technological expertise and to share information from other manufacturers. We are keen to emphasise that the barriers to salt reduction have been widely overstated, due to a lack of understanding in the market. We are also strongly recommending that not just the salt content, but also the salt flavour, is reduced, in order to start shifting consumer preferences towards a lower salt diet.

CASH have been invited to speak at a variety of salt reduction conferences, in Leatherhead, Campden BPI Research, Amsterdam and London. These talks have been received very positively.

We are also looking to hold workshops for the out home sector, to educate them on the dangers of excessive salt and simple tools to reduce salt in their food, without impacting on flavour.

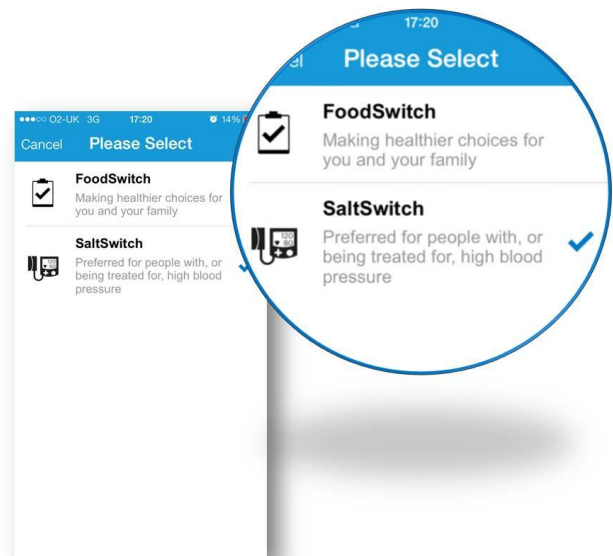
FOODSWITCH



February 2014 saw the launch of FoodSwitch UK, in collaboration with the George Institute of Global Health, the Medical Research Council Human Nutrition Research, The British Heart Foundation Health Promotion Research Group and the Nuffield Department of Population Health & Nuffield Department of Primary Care, University of Oxford. The free, impartial app allows users to scan the barcode of over 90,000 packaged food and drink products sold across the UK in major supermarkets, using their smartphone. Once scanned, colour-coded nutritional information based on the Department of Health’s nutrient profiling scheme appears, along with similar healthier products.

Much of our work on salt reduction here at CASH is done behind the scenes, dealing directly with government and food industry. This brand new venture into the smartphone app world however has enabled us to take a more behavioural approach to salt reduction, and is something we are extremely excited about it. As advocates of consistent front of pack labelling, and encouraging consumers to learn about what’s really in their food, we thought it would be beneficial to the UK public to launch FoodSwitch UK.

SaltSwitch, a new feature of FoodSwitch which focusses specifically on salt, was launched during Salt Awareness Week and has been designed to help people looking to lower their salt intake, particularly those who have been diagnosed with, or have a family history of, high blood pressure, heart disease and kidney disease.



Feedback from users has been fantastic, with downloads reaching over 10,000. Our database is also ever expanding, thanks to our users’ crowd-sourcing information and sending in pictures of products that aren’t on the database. You can download FoodSwitch for free from [iTunes](#) and [Google Play](#).



CASH Publications

Surveys of the salt content in UK bread: progress made and further reductions possible

CASH published an article in the British Medical Journal Open (BMJ Open) assessing the progress made in the salt content of UK bread over the last 10 years, and possible reductions for the future. The paper is based on our survey data over the last 10 years, showing the progressive and unobtrusive reductions that have been made over this time – equating to a 20% reduction. This contributes to the evidence base that a target-based approach to salt reduction can lead to national reductions. A wide variation in the salt content of breads surveyed was found with many products already meeting the 2012 targets, indicating that further reductions can be made.

This paper represents a move for CASH to publish more of its work so that the progress of the campaign can be more officially monitored and documented – both to hold the DH to account, and to share our expertise worldwide.

Brinsden HC, He FJ, Jenner KH, MacGregor GA, Surveys of the Salt Content in UK Bread: Progress Made and Further Reductions Possible. BMJ Open 2013;3:e002936 doi:10.1136/bmjopen-2013-002936

Salt Reduction in the UK: a Successful Experiment in Public Health

The UK is leading the world in salt reduction, with a reported 15% reduction in average salt intakes

since the salt reduction programme began in 2003. This has been largely due to gradual reformulation of products on a voluntary basis, so that industry could meet targets set by the DH. Several countries are now following the UK's lead, but there is the potential for many more. We carried out a comprehensive analysis of the programme so as to provide a step by step guide of the development and implementation of a national salt reduction strategy for other countries to follow.

He FJ, Brinsden HC, MacGregor GA, Salt Reduction in the United Kingdom: a Successful Experiment in Public Health Journal of Human Hypertension 2014; 28:345-352 doi:10.1038/jhh.2013.105

Salt Intake of Children and Adolescents in South London

On March 11th, our paper on salt intake of children and adolescents in South London was published in the journal Hypertension. This study was funded by the British Heart Foundation (BHF), and is the first to accurately measure salt intake in children's diets. It found that children were on average consuming too much salt, particularly teenagers, consuming approximately 35% more than the maximum daily recommended amount.

This release of the publication coincided with the launch of National Salt Awareness Week, and helped us gain additional interest from the media, as well as the public. The paper was mentioned in a number of national and consumer



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websites, as well as in print, with an estimated reach of over 340 million people. The story was also broadcast on BBC Breakfast, a great hit for us! Many thanks to the British Heart Foundation for funding the project.

Marrero NM, He FJ, Whincup P, MacGregor GA. Salt Intake of Children and Adolescents in South London: Consumption Levels and Dietary Sources. Hypertension 2014;63:00-00 doi: 10.1161/HYPERTENSIONAHA.113.02264

Salt Reduction in England from 2003 to 2011

On 15th April, we published a paper looking at the potential impact that the UK's salt reduction programme has had on public health. By analysing data from the Health Surveys for England and National Diet and Nutrition Surveys between 2003 and 2011, we observed a 15% fall in average salt intakes, along with falls in average population blood pressure by 3mm Hg systolic and 1.4mm Hg diastolic. By looking at death rates from the Office for National Statistics, stroke and heart disease deaths fell by 42% and 40%

respectively.

A combined number of factors could be responsible for this improved statistic, including a reduction in smoking and cholesterol, better treatment in those with hypertension and increased fruit and vegetable consumption. Taking into consideration all of these other variables, and looking at only individuals who were not on any drug treatments for blood pressure, there was still a fall in blood pressure, suggesting that this fall could be attributed to the fall in salt intake.

This paper was extremely popular, receiving the 8th highest scoring article in the BMJ Open and scoring within the top 5% of all articles ranked by attention.

He FJ, Pombo-Rodrigues S, MacGregor GA. Salt Reduction in England from 2003 to 2011: its relationship to blood pressure, stroke and ischaemic heart disease mortality. BMJ Open 2014; 4:e004549. doi:10.1136/bmjopen-2013-004549

Salt Awareness Week 2014

The fifteenth annual National Salt Awareness Week was held on **Monday 10th – Sunday 16th March 2014** and focused on the need for better nutrition labelling and choosing less salt. Foods can be surprisingly high in salt, fat, saturated fats and sugar, but many people struggle to understand nutrition labels on food packaging.



CASH has long been pushing for clear labelling and we are delighted with the DH's new recommended FoP labelling scheme, which will provide clear and consistent guidelines for industry to follow. We congratulated those that have signed up to the scheme, and encouraged others to follow suit. The theme for this year's Salt Awareness Week aimed to show that there are options for consumers that want 'less salt please!', and to make it easier to choose them.

SUPPORTERS

Every year hospitals, GP surgeries, sports centres, pharmacies, schools, libraries, universities, councils, businesses, charities and other

interested parties hold their own events to support Salt Awareness Week, and this year was no different, with more than 400 events taking place around the country throughout the week.

A total of 53,890 leaflets, fact sheets and shopping guides, and nearly 6,000 posters were ordered in anticipation of Salt Awareness Week.

This year we were fortunate enough to have support from the following UK charities:



And with the support of the following companies, we were able to send all our leaflets and posters for free:



PARLIAMENTARY RECEPTION

As part of Salt Awareness Week, CASH held an afternoon reception at the House of Commons on Wednesday 12th March 2014, hosted by MP David Amess, a great supporter of CASH and the work we do. The day was a success, with 124 guests attending the event.

Speakers included the BHF's Simon Gillespie, event sponsor David Amess MP, Shadow Health Minister Luciana Berger and an impromptu speech from the Public Health Minister Jane Ellison MP.



Simon Gillespie reiterated the importance of a low salt diet. He paid credit to manufacturers who have already taken steps to reduce the

David Amess highlighted progress made so far on salt reduction within the UK and introduced FoodSwitch.



amount of salt in our diets, but stressed there was a lot more to do and that food companies must therefore step up to the plate.



Luciana Berger gave the point of view from the

labour party, and insisted more needed to be done by the government if further progress in salt reduction is to occur, whilst Jane Ellison insisted that the voluntary approach is working, and is evident through worldwide recognition that the UK are now considered world leaders in salt reduction. The two new pledges on salt reduction were also highlighted, targeting both food manufacturers and the out of home sector.

The Public Health Minister

touched upon the importance of empowering people to make their own choices about their health and giving



people more information, which is where the new Front of Pack Labelling Scheme is about. The Department of Health has been faced with criticism from European members of state with regards to the labelling pledge, and stressed that the only reason the European Commission hadn't shut it down was the fact that it is voluntary, and is the only thing working in our favour.

Professor MacGregor ended the day by congratulating the DH for setting new targets, however policing of the pledge is extremely weak, and therefore called on them to enforce these targets on to the food industry, consequently creating a level playing field. If these targets are not met, then legislation must be considered.



Consensus Action on Salt & Health

Salt Awareness Week 2015

Proposed topic: Children Eating Healthily

Children are considered a vulnerable group in society, with little influence or involvement in what they eat. We want to ensure the public understand the importance of starting early in childhood and not getting children habituated to very high salt foods as currently occurs. Public information and education programmes need to reinforce this message and we want the food industry to act more responsibly in relation to children's foods, including the cessation of advertising high salt foods.

We plan to coincide it with our focus on the out of home sector, as fast food is very appealing to young people, who are more vulnerable to the long term effects of a high chronic intake of salt.

There are several relevant strands to the campaign:

- School Food Plan
- Healthy Eating on the School Curriculum
- Salt reduction out of home targets incl maximum's per serve for children's meals
- Working with Local Government Authorities and potentially Change4Life

CASH and WASH Resources

In addition to raising public awareness about salt through our high profile media campaign, we continue to educate the general public and health professionals on the importance of salt reduction through dedicated pages on our website and resources.

This year we have provided nearly 54,000 leaflets/factsheets and 6,000 posters. CASH currently provide the resources free of charge; however we recognise the significant cost implications of this and continue to seek further fundraising opportunities to cover the costs. CASH will continue to apply for grants with the aim of continuing to provide all our resources free of charge.

WASH members helped to translate the World Salt Awareness Week resources into 7 different languages including French, Spanish, Portuguese, Persian, Polish, and Japanese which allowed for greater dissemination of the WASH message worldwide.

Healthy choices - low salt shopping guide

Struggling to know what to buy in your food? Use this guide to reduce your intake of salt and saturated fat. Remember to keep an eye on your portion sizes.

Limit these foods
They are usually high in salt and/or saturated fat.
Red meats, processed meats, sausages, salami, cold cuts, pâté, pâté de foie gras, ham, ham steaks, pâté de campagne, pâté de foie gras, pâté de viande, pâté de légumes, pâté de poisson, pâté de volaille, pâté de fruits de mer, pâté de légumes, pâté de viande, pâté de poisson, pâté de volaille, pâté de fruits de mer.

Check the label!
Read the label on every tin, jar, packet and bottle. Look for the salt and saturated fat content. For a full list of products that are high in salt, visit our website: www.actiononsalt.org.uk

Low salt options
Compare salt amounts and choose the lowest salt option. For a full list of products that are low in salt, visit our website: www.actiononsalt.org.uk

Use the salt reduction traffic light
Read the salt reduction traffic light on the front of your food. Green means low salt, yellow means medium salt, red means high salt.

Look for the 'low salt' logo
Look for the 'low salt' logo on the front of your food. It means the product is low in salt.

Read the label on every tin, jar, packet and bottle.
Look for the salt and saturated fat content. For a full list of products that are high in salt, visit our website: www.actiononsalt.org.uk

Compare salt amounts and choose the lowest salt option.
For a full list of products that are low in salt, visit our website: www.actiononsalt.org.uk

Look for the 'low salt' logo.
Look for the 'low salt' logo on the front of your food. It means the product is low in salt.

Stop...Look...Choose...

...the lower salt option

75% of the salt we eat is already in the food we buy.
Check the traffic light labelling and switch to less salt!

National Salt Awareness Week
11th - 16th March 2014

To learn more visit www.actiononsalt.org.uk

Check the label!

About three quarters of the salt we eat is hidden in processed foods. Checking food and drink labels means you can see how much salt you and your family are eating. This guide should help you to understand the labels.

Labels on the front of food and drink packaging show some information about the calories, fat, saturated fat, carbohydrates, sugars and salt content. The amounts will be given per portion in grams, along with colour coding and reference intakes.

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Consensus Action on Salt & Health

CASH and WASH Alliances

CASH and WASH have continued to develop mutually beneficial alliances with other health charities and organisations. CASH is proud to have been asked to represent the UK's health charities at the DH Meetings. WASH has also continued to extend its networks in the international public health arena, participating at informal and formal WHO consultations, at both

regional and local levels. CASH and WASH have continued to work alongside other health charities, offering comments on health related media, acting as cosignatories on campaigning materials and attending numerous meetings, webinars and conferences around the world. WASH continues to support its international members with comments on press releases, logos on leaflets and posters and links through from our website.

Organisations CASH and WASH have collaborated with in the last year include:

- ALEHM
- Alzheimer's UK
- Blood Pressure UK
- British Dietetic Association
- Cancer Research UK
- Consumers International
- Department of Health
- Department of Health - Global Health Team
- Diabetes UK
- EMRO Heart research UK
- Heart UK
- Kidney Research UK
- MEND
- Ménière's Society
- Men's Health Forum
- UK Health Forum
- National Obesity Forum
- National Osteoporosis Society
- Pan American Health Organisation
- Polycystic Kidney Disease
- Public Health Nutrition UK
- Sustain – Campaign for Better Hospital Food
- Sustain—Real Bread Campaign
- Sustain – The Children's Food Campaign
- British Heart Foundation
- The George Institute for Global Health
- The NCD Alliance
- The Stroke Association
- The Women's Institute
- Which?
- World Health Organisation
- World Cancer Research Fund



Consensus Action on Salt & Health

World Action on Salt and Health

World Action on Salt and Health (WASH) was established in October 2005 with the aim of bringing about a gradual reduction in salt intake throughout the world, following the success of the UK group. WASH encourages and supports experts in different countries in setting up their own local campaigns. Activities range from encouraging multi-national food companies to reduce salt in their products, raising awareness amongst consumers through media activity, working with Governments and consulting on clear nutrition labelling.

WASH stimulates action around the world through selected pages on the website, social media and by the development of resources for use

internationally. More recently, WASH has extended its remit to act on behalf of WASH members

WASH Membership

World Action on Salt and Health is now in its ninth year, and the membership has grown to over 530 members from 100 countries. New members include experts from Greece, UAE, Hong Kong, Slovakia, New York, Saudi Arabia, and Malawi and Morocco to name a few.

Updates from around the world

AUSTRALIA: The George Institute for Global Health in Sydney designated by the WHO as a Collaborating Centre (CC) on Population Sodium Reduction has launched its new website WHO CC:

<http://www.georgeinstitute.org.au/projects/world-health-organization-collaborating-centre-for-population-salt-reduction-who-cc-salt>.

WHO CC SALT has a global remit with a focus on Australia, the Western Pacific and South

East Asian Regions. It is currently involved in projects in Australia, the Pacific Islands, Mongolia, Vietnam, Cambodia, Laos, China and India. The Centre is working with the WHO to develop a range of tools and resources to support countries to develop and implement salt reduction strategies and will be co-ordinating the Asia Pacific Salt Action Network (APSAN).



The **Australian** Division of WASH (AWASH) continues to be active in its national salt reduction strategy:

AWASH continues its work to coordinate an international collaborative effort to collect information on the composition of processed foods in different countries. The Global Food Monitoring Group now has **29 collaborating countries**. They have collected food composition data for India, China, Fiji, Solomon Islands, Guam, Mongolia, New Zealand and Australia. Data collection is either underway or planned in the UK, Canada, Argentina, Malaysia, Costa Rica and Peru.

The FoodSwitch smartphone app, developed by The George Institute in partnership with Xyris Software has now been launched in the UK. It is being adapted to assist in collecting the data for Australia, New Zealand, India, Costa Rica and Argentina.

CANADA and THE USA

The Centre for Science in the Public Interest (CSPI) is an independent health advocacy organization with offices in Ottawa and Washington. CSPI's Ottawa advocacy efforts are supported by more than 100,000 subscribers to the Canadian edition of its *Nutrition Action Healthletter*, which was launched in 1996.

For more than a decade, CSPI has been an important force in stimulating changes to government policies and industry practices to improve the nutritional quality of the Canadian

food supply and, most importantly, the health of Canadians. CSPI led a coalition of health and citizens groups in a six-year public advocacy campaign for mandatory nutrition labelling on pre-packaged foods. Regulations requiring such labels were promulgated in December 2002.

Since then, CSPI has urged governments and food companies to improve nutrition standards for schools, reduce the amount of salt and trans fat added to processed foods, limit advertising targeting children, improve nutrition labelling on food packages and restaurant menus, ensure that natural health products are safe and effective, ensure government dietary advice and food tax policy reflect sound health science, not commercially-motivated lobbying. CSPI helped formulate advice to the federal Minister of Health through its membership in both the federal Trans Fat Task Force (2004-2006), and the Sodium Working Group (2008-present).

CSPI has an ongoing counter displaying the number of Americans that have died from salt-related diseases at cspinet.org/salt.

New York City Department of Health has recently co-released a **Consensus Statement on Sodium**, bringing together 34 of the world's leading scientists to reaffirm the benefits of reducing population sodium intake to heart disease.

Our chairman Professor Graham Macgregor, along with expert members of WASH are

signatories on this statement. This is a great resource to cite in sodium efforts in NYC, showing that there is a large group of distinguished scientists who affirm that the weight of the scientific evidence supports population-wide sodium reduction.

PAHO: The Pan American Health Organisation has been supporting many countries in the region to reduce population level salt intake. It also continues to lead the region on its own salt reduction activities:

The PAHO Technical Advisory Group (TAG) on Cardiovascular Disease Prevention through Dietary Salt Reduction led a **Technical Meeting on Setting Targets and Timelines for Dietary Salt Reduction** in Mexico, December 2013. Thirteen countries participated to discuss steps towards setting progressive targets for food groups. For more information, please visit: http://www.paho.org/hq/index.php?option=com_content&view=article&id=9282:technical-meeting-on-setting-targets-timelines-dietary-salt-reduction&Itemid=1767&lang=pt

PAHO also hosted a sub-regional meeting on “**Elimination of iodine deficiency in Central America: joint public health effort to secure optimum intake of iodine and salt**” which took place in Guatemala City on March 26-27. This meeting was organised by ICCIDD, UNICEF and PAHO-WHO in coordination with INCAP. 10

countries participated (GUA, COR, ELS, HON, NIC, PAN, BEL) including countries in the Caribbean (DOR, CUB, and Haiti). All countries recognised the importance of coordinating salt reduction efforts with iodine deficiency programs – some of which are already implementing the joint programmes, for example Nicaragua and Haiti. However many countries require further support. The meeting established that there is a need for a joint program to monitor salt and iodine in the general population. PAHO presented a project proposal that could be implemented on a national level.

Further to this a meeting ‘**Population Approaches to Reducing High Blood Pressure**’ was organized by Bloomberg Philanthropies gathering experts, leading NGOs, WHO collaborative centers, countries and WHO and PAHO offices to: review population-wide approaches proven to reduce high blood pressure in low and middle income counties; to determine which of the low and middle income counties with the highest absolute burden of hypertension has a readiness to address hypertension through policy change; to determine which interventions may work best in particular settings.

PAHO country updates:

- Brazil: is evaluating progress of the first round of targets based on voluntary agreements with food industry that were set to be achieved in 2013. Results are due to be

published in the coming months. The Brazilian National Health Study, a study of 80,000 households throughout Brazil, has completed its field work which included subsample of 18,000 individuals who provided spot sample urines. The spot sample urines will be validated against 24h urine samples collected in one Brazilian state. The results are being processed and are expected to be published shortly to inform advances in measuring salt and iodine intake.

- **Chile:** On 17th December 2013 Chile published **regulation** that supports the 2012 Law on the Nutritional Composition of Foods and Advertising. This regulation details **requirements for food manufacturers including:** graphic norms for the labeling of health warnings on all packaged products that are high in fat, sugar or salt; as well as graphic norms for the healthy living messages aiming to motivate and educate consumers. The whole regulatory document (pages 4-15) can be found at the following link: <http://www.dinta.cl/wp-dintacl/wp-content/uploads/Diario-Oficial-Decreto-12-y-28.pdf>
- **Colombia:** Colombian men and women eat more than double the recommended limits for salt. Recent data indicates that 16.7% of all Colombians add salt to their food at the table. As a result, Colombia's Ministry of Health and Health Protection has created a plan of action for the reduction of sodium

consumption in its population. It has set a goal to reduce salt consumption by 2 grams per person per day by 2021. With expert support from CDC the approaches taken are toward 1) food industry, 2) culinary schools and restaurants, 3) education and communication, 4) research, and 5) procurement. First actions include meetings with industry to identify products which contribute most to salt intake and identification levels of sodium and other ingredients in these products. The new guide on "Salt and Food" was produced with the aim to provide advice for the general public. It includes recommendations for mothers with small children on salt consumption aiming to develop healthy habits from an early age.

- **Costa Rica:** On March 25th the Ministry of Health Costa Rica and Costa Rican Chamber of Commerce signed an agreement on joint activities on salt reduction. This is the first Public/Private Alliance regarding salt reduction at such a high level signed in Central America. The Technical group formed under this alliance will be preparing a strategy and national targets for gradual reduction of salt in processed foods in Costa Rica
- **Dominican Republic:** The Cardiology Society of Dominican Republic together with Ministry of Health and with support of PAHO TAG is preparing a research protocol to determine the baseline salt intake in the Dominican Republic. It will focus on salt intake and the

main sources of salt in the diet. The study is triggered by the revision of the iodine program that showed very high intake of salt in the population and sources beyond table salt e.g. processed food including stock cubes.

- Peru: The research group from the Center for excellency for ENT at Peruvian University of Cayetano Heredia (www.cronicas.pe) has published it's project on salt substitutes: **Launching a salt substitute to reduce blood pressure at the population level: a cluster randomized stepped wedge trial in Peru** <http://www.trialsjournal.com/content/15/1/93/>. The study includes two components: Phase 1, an exploratory component, and Phase 2, an intervention component. The exploratory component involves a triangle taste test and a formative research study designed to gain an understanding of the best implementation methods. Phase 2 involves a pragmatic stepped wedge trial design where the intervention will be progressively implemented in several clusters starting the intervention randomly at different times. In addition, we will evaluate the implementation strategy using a cost-effectiveness analysis.

SOUTH AFRICA: has conducted a modelling study based on their salt reduction policy. The study used surveys and epidemiological data to calculate the potential health and economic impacts of salt targets set by the South African

government in 2013, which employs mandatory maximum levels in popular processed foods, and public education campaigns to reduce daily salt intake below 5 g by 2020. According to data presented at the World Congress of Cardiology 2014, achieving this goal would result in an 11% reduction in cardiovascular disease, including approximately 5,600 fewer deaths and 23,000 fewer new cases of cardiovascular disease each year. The purpose of this study was to look at the impact of the policy on health and economic outcomes, as a lot of the existing salt literature is focused primarily on reducing deaths – the researchers wanted to look at the broader health system effects.

The World Hypertension League (WHL) and International Society of Hypertension (ISH) have released a policy statement calling for broad societal action to reduce dietary salt that aligns with the World Health Organization (WHO) recommended target of <5g/d for adults. To read the full policy statement please click here: <http://onlinelibrary.wiley.com/doi/10.1111/jch.12245/full>

The WHL has also established **two annual awards** for achievements in reducing dietary salt consumption at population level. WASH shared details with WASH members and nominated its chairman for excellence in dietary salt reduction at the population level.



Consensus Action on Salt & Health

GLOBAL FOOD INDUSTRY

WASH has engaged in a number of discussions with the global food industry over the last year to identify worldwide commitments to salt reductions, particularly in light of the global salt reduction target set by the WHO. These discussions were held to bring salt reduction to the foreground of product development, and reformulation. It is well known that similar products are sold worldwide with varying salt contents. The aim of the discussions was to draw attention to this inequality, and to work with the food industry to reduce the variation between countries.

In particular WASH will meet with Nestle at their headquarters in Geneva to discuss their salt reduction plans, and implementation. This meeting will be attended by food technologists, nutritionists, and business development managers at Nestle.

WASH is preparing to update on its worldwide food survey from 2009. This will identify products sold globally which have been reformulated with less salt, and those products which are still high in salt and in which country. This will inform further action to be taken by WASH to stimulate salt reduction by the food industry, and highlight the call countries to

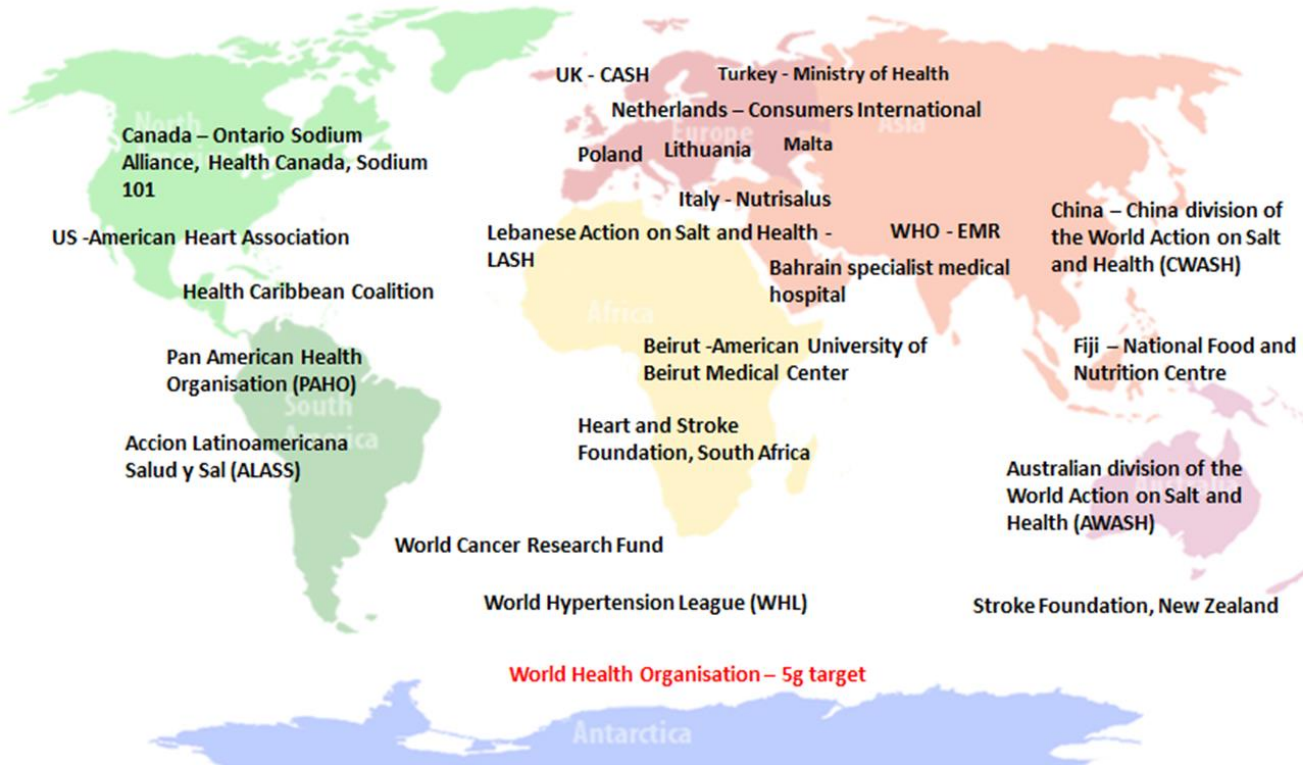
World Salt Awareness Week 2014

World Action on Salt and Health held its 7th annual World Salt Awareness Week (WSAW). The week was supported by many countries worldwide, with even more countries participating this year than previous years. The success of the week is due to the hard work and support of WASH members stimulating salt reduction activities in their own countries.

Over 30 countries took part in WSAW including; Australia, Canada, Fiji, Iran, Italy, Lebanon, Mongolia, New York, the Netherlands the Pan American Health Organisation (Argentina, Chile, Ecuador, Paraguay), Pakistan, Poland, Samoa and the US.



Consensus Action on Salt & Health



Each year more countries support World Salt Awareness Week. Many countries now plan their own activities, and co-ordinate activities in their own regions (for example PAHO, and Asia-Pacific) in line with their salt reduction programs. WASH continues to encourage all countries around the world to participate, and continues to lead on salt reduction activities for the week – including developing resources, drafting press statements, conducting worldwide surveys and leading social media campaigns via twitter. WASH aims to disseminate the plans for WSAW to WASH members in advance to ensure maximum support for the week. This enables countries to plan activities in advance. WASH continues to offer extra support to those countries which lack the required resources.

As a result of the week:

- WSAW raised both the profile of WASH, and of those countries engaged in salt reduction activities.
- WSAW drew attention to the importance of salt reduction around the world, and the need for clear food labelling
- WSAW provided the opportunity for countries to highlight salt reduction as an important public health



Consensus Action on Salt & Health

intervention to reduce the global burden of disease from non-communicable diseases (life-style diseases such as cardiovascular disease, type II diabetes) and bring it to the attention of both consumers and governments – to implement salt reduction programs.

WASH members helped to translate the poster, as well as producing their own to raise awareness about the dangers of a high salt diet in their own countries.



WASH used twitter to engage with world groups interested in the week and took part in a webinar organised by the Pan American Health Organisation (PAHO). During the week, World Salt Awareness Week received media coverage around the world.

***We are thankful for the continuing support
of the British Heart Foundation***

For more information please contact:

Katharine Jenner
Campaign Director
k.jenner@qmul.ac.uk
(+44) 020 7882 6018
www.actiononsalt.org.uk