



# Lessons from the Field Salt Reduction in SOUTH AFRICA



## RESEARCH TO POLICY

Over 15 years of research established evidence to influence government and industry support for salt reduction and reformulation. Modelling studies estimated savings of US 30 million in health care costs associated with non-fatal strokes alone, with 5,500 deaths averted if salt reduction targets were to be implemented. Early engagement between academics and government leaders informed the cost evidence needed so that the resulting data was useful for policy makers. The resulting data became a strong advocacy tool.



## MULTISECTORAL BUY-IN

An inclusive approach paved the way for progress on salt reduction. An advisory group was formed consisting of representatives from the Ministry of Health, food industry, academics and non-government organizations (NGOs). International groups, such as World Action on Salt and Health (WASH) and other research institutes, provided insight on country experiences.



## LEGISLATING SALT LIMITS

South Africa was the first to pass legislation which set mandatory salt limits for 13 categories of processed foods in 2013. Regulations imposed two stepwise targets to be reached by 2016 and 2019. Close collaboration between government, academics and industry expedited the legislative process.



## SUPPORTING COMPLIANCE

Monitoring salt levels of foods was a challenge due to variability in laboratory measurements. Consultations between government and industry led to an amendment of the regulation pertaining to measurement criteria around the target.



## BUILDING AWARENESS

A four-month long awareness campaign was led by advocacy group Salt Watch in 2014-2015, which included television, radio, print and online advertisements and featured well known medical and media personalities. Following the campaign, community-based surveys showed a 21.5% increase in the number of participants reporting to take steps to control salt intake.

# SHAKE the Salt Habit

## Key Events

2005  
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2008

- Survey using 24 hr urine analysis estimates mean salt intake to be 8.1 g/day.
- An 8 week trial on salt substitutes among hypertensive subjects showed a reduction in systolic blood pressure.

2011

- NCD summit in Johannesburg stimulated government to begin salt reduction consultations with food industry.

2012

- Salt target legislation was drafted with mandatory salt limits for 13 categories of processed foods.
- A modelling study showed that salt reduction in bread, in combination with reductions in margarine, soups and gravies, would reduce population salt intake by 0.85 g/day.

2013

- Legislation on mandatory salt limits was passed.
- National Strategic Plan for the Prevention and Control of NCDs (2013-2017) was established, with the aim of reducing population salt intake to <5g/day by 2020.

2014  
–  
2015

- Advocacy group Salt Watch carried out awareness campaign on risks of excess salt consumption.

2016

- Modelling study estimated cost savings and health impact of salt reduction.

2019

- Additional stepwise salt reduction targets to be implemented to allow for progressive food reformulation.

South Africa adapted interventions from the **SHAKE** Technical Package, a how-to guide for salt reduction based on very cost-effective interventions ("best buys"). See next page for more information.

# Lessons learned from implementing SHAKE interventions in South Africa

## Salt Reduction Activities

## Lessons Learned

## Stakeholder Insights

### SURVEILLANCE

- S** ✓ Baseline salt intake estimated at 8.1g/day.
- ✓ Measured salt levels in processed foods before and after legislation of salt targets.
- ✓ Knowledge and behaviour surveys measured intervention impact.
- Dual burden of high salt levels in processed foods and significant discretionary salt use requires strong government commitment to support both reformulation legislation and programs focused on consumer behaviour.

*"You have to know whether what you're doing is working or not. And that means getting baseline information."*

Government

### HARNESS THE FOOD INDUSTRY TO REFORMULATE

- H** ✓ Legislated salt targets cover 60% of salt in the diet from processed foods.
- ✓ Phased reformulation planned for 2016 and 2019.
- Competition among food manufacturers to lower salt in products can energize reformulation efforts.
- Consulting with industry to address technical difficulties and amend regulations is helpful in strengthening compliance mechanisms.

*"Regulation is far, far better than self-regulation which allows too many lapses and negotiation around the targets. You can push quite a lot harder if you are regulating."*

Government

### ADOPT STANDARDS FOR LABELLING AND MARKETING

- A** ✓ Nutrition labelling of salt content is mandatory. Voluntary use of logos that consider sodium criteria; i.e. Heart Mark.
- Strengthening health literacy can improve the value of labelling practices, helping people make better food choices.

*"Government has a really good policy around labelling but it's about who goes out to check. We only follow-up on what we put the Heart Mark on. People still need to learn how to read the label."*

Non-for-profit

### KNOWLEDGE - EDUCATION AND COMMUNICATION STRATEGIES

- K** ✓ Advocacy group led awareness campaign to address salt related behaviours.
- Evaluating a pilot communications campaign and demonstrating impact can build support for a national campaign.

*"Whether we get enough money to run a proper campaign or whether we do it indirectly through other health event days like World Heart Day - every way we can we try and weave the salt message."*

Non-government affiliated health organization

### ENVIRONMENT - SUPPORTIVE SETTINGS FOR HEALTHY EATING

- E** ✓ Restaurants voluntarily reporting nutrition information and removing salt shakers from tables.
- Regulatory measures can be considered to strengthen salt reduction efforts in settings.

*"There has been a couple of restaurants who have actually taken salt off the table but it hasn't been a huge initiative and certainly hasn't been regulated."*

Government

