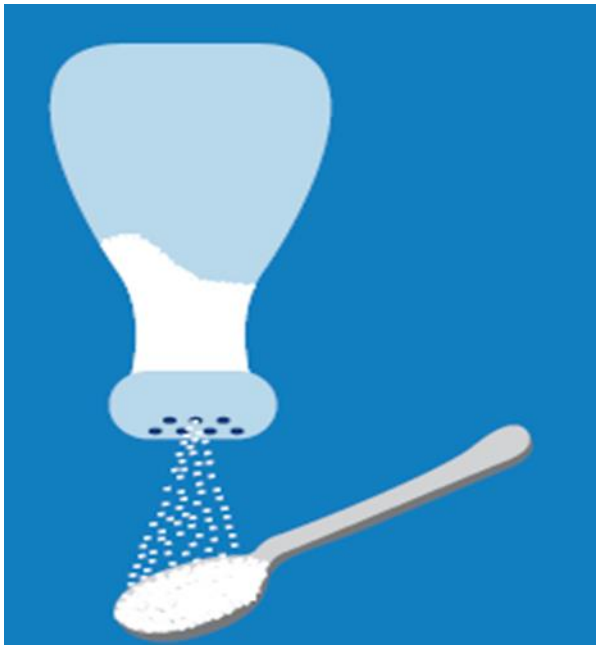
National Salt Reduction Strategy
(2018-2023)



Lifestyle Related Disease Program

Department of Public Health

Ministry of Health

Table of Contents

Abbreviation

WHO: World Health Organization

MoH: Ministry of Health

MoAF: Ministry of Agriculture and Forest

BAFRA: Bhutan Agriculture Food and Regulatory Authority

DL: Dratshang Lhentshog

NSB: National Statistical Bureau

KGUMSB: Khesar Gyalpo University of Medical Sciences

OCP: Office of Consumer Protection

MoEA: Ministry of Economic Affairs

MoE: Ministry of Education

BKF: Bhutan Kidney Foundation

BCCI: Bhutan Chamber and Commerce Industry

DEO: District Education Officer

DHO: District Health Officer

RCDC: Royal Center for Disease Control

HPD: Health Promotion Division

LSRD: Lifestyle Related Disease Program

DCSI: Department of Cottage and Small Industry

GNHC: Gross National Happiness Commission

Section I: Background Situation

Introduction

Globally 9 million deaths each year has been associated to high blood pressure, which is a leading preventable risk factor for heart disease and stroke, death and disability. Eating too much salt has been linked with high blood pressure, increased risk for heart disease and kidney disease, increase water retention which can lead to swelling in the body and dehydration. The excessive use of salt or sodium in the diet was found to be the avoidable cause for high blood pressure.

In the South East Asia one out four adults suffer from high blood pressure and the average consumption of salt ranged from 9-12 g; approximately twice the level recommended by the World Health Organization[1].

Though salt and sodium are used synonymously, on weigh basis, salt is composed of 40% sodium and 60% Chloride. As per the composition, 1 gram of salt is equivalent 400 mg of Sodium and 1 gram of sodium contains 2.5 gram of salt.

For a body to function properly, a minimum intake of less than 200–500 mg of sodium/day is required. Data from around the world suggest that the population average sodium consumption is well above the minimal physiological and WHO recommends reducing salt intake to < 5 g/day/person which is equal to about a teaspoon of a salt.

Today most of the sodium that we consume is in the form dietary salt. Sodium Glutamate, which is also known as the food additive is used as an additional sodium. The main dietary sources of sodium are mainly the salt that is added during the cooking, salt that is added at the table, salt present in the pickles, chutneys, cheese and the processed food.

The sources of dietary salt in Bhutan is mostly from discretionary salt, (i.e.) salt added to cooking while, a small proportion is from prepackaged processed food. As per the shop survey carried out by the Lifestyle Related Disease Program, the most commonly consumed prepackaged food by Bhutanese population as categorized per the cutoff level (low salt food > 120mg/Na for 100 gm of products, Medium salt food between 120-600 mg/Na for 100 gm and high salt food as > 600 mg Na/100 gm products) were Amul butter, Amul cheese, koka, waiwai, mimi, etc.

[1] WHO Factsheet 2015

Other sources of high salt in the tradition food include butter tea (suja), ezay, pickles, cheese poached in butter and oil with salt, rice broth with meat or cheese, chilli with cheese.

As per the WHO factsheet 2015, **"Reduction in salt intake"** has been indicated as an essential strategy to achieve the global target of 25% reduction in premature mortality due to Non Communicable Diseases by 2025[1].

Rationale for the action plan

Non-Communicable Diseases (NCD) in Bhutan have been increasing rapidly over the years. WHO estimates that 70% of the reported burden of diseases accounts for NCD. Among the deaths caused by NCDs; CVD diseases are responsible for majority of the cases (28%), followed by cancer (9%) respiratory diseases (6%) and diabetes (2%).

High blood pressure, which is attributed to high salt intake among other causes, is one of the established risk factors for development of CVD. The NCDD Risk Factors STEPS Survey, 2014 indicated Bhutanese population to be consuming > 9 gm of salts on a daily basis, which is almost twice the quantity recommend by WHO. In the same survey, 11.1% of the population reported on consuming processed food and another 11.1% reported adding salt to the food before, during or adding salt after the food is cooked[2]. Such evidences call for national strategic plan to reduce population level salt intake to prevent and control NCDs. In effect,

The World Health Organization has recommended salt reduction as a "best buy", recognizing it as one of the cost effective and feasible approached to prevent non-communicable diseases.

In order to come up with an appropriate and relevant national strategic plan in the face of high salt intake at population level, a SWOT analysis was carried out to identify the factors that help and hinder the broader salt reduction agenda as detailed in Table 1.

Strengths, Weakness, Opportunities and Threats

STRENGTH	WEAKNESS	OPPORTUNITY	THREAT
High political commitment	No policy and regulations on salt reduction	Certification of food handlers by BAFRA	Growing food hawkers and food processors

[2] NCDD STEPs survey 2014

Endorsed Multi-sectoral National Action Plan to prevent and control NCD	Health Promotion Division has no messages related to salt reduction in their strategy	Well established settings (school, institutions, military)	Opposition from interest groups
Existing National Steering Committee members comprising of 12 important sectors	Limited data and evidences on dietary sources of salt in the country	Advocacy and awareness during Public gatherings	Marketing of processed food
Available data related to referrals and burden of NCD	Coordination among multi stakeholders	Effective use of mass media and social networks (Facebook, TV, Radio, We Chat etc.)	Accessibility of processed food and fast food.
Development of salt reduction strategy reflected as the priority activity under Multisectoral National Action Plan.	Lack of knowledge on food labeling (sodium labeling)	Strengthen the surveillance system	Unhealthy food habit
Ongoing Advocacy programs	Shortage of HR (technicians + food experts)	Reduction in NCD cases and referrals cost	Low Health literacy
Available National food Testing /GMO and Food Microbiology Laboratory			
Mass media coverage			
Training of institutional cooks and food handler with focus on salt reduction			

Section II: Objective, Timeline, Expected Outcome and Strategic Direction

Objective

To create a social, economic and legal environment to support the reduction of population salt intake by 15 % by 2023

Timeline

- 2018-2023

Expected outcome

- Population salt intake will be decreased by 15 % (7.6 grams/day) by 2023

Strategic Direction

The following are the four priority strategic directions to reduce the salt intake among the general population.

1. Strengthen Governance, partnerships and regulatory measures
2. Increase Information, Education and Communication
3. Promote Healthy Settings
4. Strengthen Evidence Generation, Monitoring and Evaluation

Strategic Direction 1: Governance, Partnerships and Regulatory measures

This Strategic Direction will help us identify gaps in the policy, partnerships, regulation and the human resources.

This section has two specific objectives:

1.1. To review and strengthen existing food policies, laws, regulations, strategies, policies and implementing agencies and identify gaps

1.2. To implement policies and regulations to promote healthy diet to reduce salt

Strategic Direction 2: Increase Information, Education and Communication

This Strategic Direction will help in advocating on the importance of reducing salt with evidence based at different levels, creating awareness among the consumers

This section has three specific objectives:

2.1. To advocate at different levels of policy makers and implementers

2.2. To develop capacity among health and education service providers

2.3. To raise level of awareness and empower consumer

Strategic Direction 3: Promote healthy settings

This strategic direction will address in creating enabling environment for the population in adapting food with low salt content.

The specific objective is:

3.1. To promote a healthy environment

Strategic Direction 4: Strengthen Evidence Generation, Monitoring and Evaluation

This strategic direction will help us generate evidences for future intervention.

The two specific objectives are:

4.1. To monitor and evaluate progress of salt reduction initiatives

4.2. To promote research on prevention of NCDs including salt intake and salt content food products

Ownership, management and implementation of the action plan

The National Steering Committee (NSC) for Multisectoral National Action Plan for prevention and control of non-communicable diseases will be the main body responsible for management and implementation of the strategy at the national level. The Lifestyle Related Disease (LSRD) Program (will be the secretariat and is responsible for compiling the progress of the activities outlined on a 6 monthly basis. The Minister will chair the committee at the national level. At the implementation subcommittee level, either Gross National Happiness Commission (GNHC) or Office of the Consumer Protection (OCP) under Ministry of Economic Affairs (MoEA) will chair the meeting.

Section III: Strategic Direction and Action Plan

Activities	Budget (Million)	Implementing agency		Timeframe				
		Lead	Collaborator	18	19	20	21	22
Objective 1.1. Review existing food policies, laws, regulations, strategies, policies and implementing agencies and identify gaps								
Develop/adapt WHO standards on salt consumption	0.098	MoH	MoE, KGUMSB, DL, Media, BKF, BARA,OCP-MoEA					
Review/update and reinforce rules and regulation on food labeling (salt)	0.01	BAFRA	MoH, OCP(MoEA)					
Objective 1.2: Develop/update appropriate policies and regulations and capacity to ensure promotion of healthy diet and salt reduction								
Develop national capacity on salt content analysis	0.164	MoH, BAFRA						
Procurement of salt testing device to pilot in major towns- Thimphu/Phuntsholing/sjongkhar/Gelephu (rapid kit)	0.144	MoH, BAFRA	Thromdey					

Activities	Budget(million)	Implementing agency		Timeframe				
		Lead	Collaborator	18	19	20	21	22
Objective 2.1: Advocacy at different levels of policy and implementation								
Sensitization on salt reduction for policy makers (Secretary, Ministers, Member of parliaments)	0.056	MoH	BAFRA					
Development of advocacy materials on salt reduction	0.159	MoH	BAFRA, MoE, DL, KGUMSB, BKF, Medias, OCP-MoEA					
Awareness /Sensitization/Advocacy on Salt reduction, Food Labeling including Food Safety, Bio security and Bio safety for Local government, schools, monastic institution, armed forces, ECCD care givers and general population)	0.365	BAFRA, MoH, MoE						
Educating parents/teachers on salt reduction through Parents Teacher Meeting		MoE	MoH					
Observe World Salt Awareness Week	0.75	MoH	MoE, KGUMSB, DL, Media, BKF					
Objective 2.2. Capacity development for health ,education service providers and food handlers								
Targeted group trainings on salt reduction (school health/ mess coordinators, cooks, BAFRA inspectors, stakeholders)	0.626	MoH	BAFRA,MoE, DL, KGUMSB, BKF					
Objective 2.3. Consumer awareness and empowerment								
Introducing front pack (color coded) labeling in commonly consumed home produced food products		OCP, MoEA	MoH, BAFRA, Media					
Introduce Salt content labeling in existing Food based businesses and new proposal	0.015	DCSI,OCP, DoI,DoT-MoEA	BAFRA, Reprentative from BCCI					
Develop and distribute innovative salt measuring spoon	0.3	MoH	Districts					

Strategic Direction 2: Increase Information, Education and Communication

Strategic Direction 3: Promote healthy settings

Activities	Budget (million)	Implementing agency		Timeframe				
		Lead	Collaborator	18	19	20	21	22
Objective 3.1: Promoting a healthy environment for salt reduction								
Integrate salt reduction with nutrition education through comprehensive school health program		MoH and MoE	DHO, DEO					
Implement " less salt meals and drinks/salt standards" in school, monastic, armed forces, health facilities (awareness+ Developing standard)	0.6121	MoE, MoH, RBA, RBP	BAFRA					
Implement junk food free zone in schools (development of guideline/Meetings)	0.1	MoE						

Strategic Direction 4: Strengthen Evidence Generation, Monitoring and Evaluation

Activities	Budget	Implementing agency		Timeframe				
		Lead	Collaborator	18	19	20	21	22
Objective 4.1: Generate Evidence								
Conduct survey on salt consumption level, KAP on salt and sources of dietary salt (WHO STEPs survey)	2	MoH	KGUMSB, NSB					
Identify list of commonly consumed local / imported packaged products with high salt content and conduct salt content analysis	0.2	BAFRA, MoH	RCDC,MoH and MoEA					

Monitoring and Evaluation Framework

Strategic areas	Indicator	Unit	Baseline	Target
Governance, Partnerships and Regulatory measures	Timeline by which rules and regulation (salt) is reviewed and updated	Date	NA	2019
	Timeline by which national salt standards developed	Date	NA	2019
	Number of national steering committee meetings conducted on salt reduction per year	Number	NA	Twice
	Number subcommittee meetings conducted on salt reduction per year	Number	NA	Twice
Increase Information, Education and Communication	Timeline by which national salt standards disseminated	Date	NA	2019
	Timeline by which standard national IEC materials on salt reduction is developed and update	Date	NA	2018-2021
Promote healthy settings	Number of school implementing junk food free zone	Number		
	Timeline by which guideline for school junk food free zone is developed	Date	NA	2019
	Number of pre-identified healthy settings complying with low salt initiatives (Monastics/ Armed Forces/Schools and Universities/ Health settings)	Number	NA	4
Strengthen Evidence Generation, Monitoring and Evaluation	Relative reduction of mean salt intake	Gram	9 gram	7.6 gram
	Percentage of population with raised blood pressure (18-69 years)	Percentage	36%	32%

Annexure I Stakeholders

1st Consultative Meeting

1. Silva Angela, WHO SEARO
2. Kinga Jamphel, CPO, NCD Division
3. Deki Tshomo, Dy. CPO, Ministry of Education
4. Thinley Zangmo, Information Media Officer, HPD
5. Tshering Dhendup, NPO, WHO
6. Kesang Meto, Dietician, JDWNRH
7. Kaling Dorji, BAFRA
8. Pemba Yangchen, Dy. CPO
9. Kinley Wangmo, Asst. PO, Nutrition Program
10. Passang Lhamo Sherpa, Lecturer, FoNPH

2nd Consultative Meeting

1. Pemba Yangchen, Dy. CPO, LSRD Program
2. Thinley Zangmo, IMO, HPD
3. Tenzin Wangchuk, Dietician, Paro Hospital
4. Tshewang Lhadon, Asst PO, LSRD Program
5. Kaling Dorji, BAFRA
6. Tshering Dhendup, Planning Officer, PPD
7. Loday Zangpo, PO, Nutrition Program
8. Sangla, Dy. CPO, DSCI
9. Tshering Drukpa, Lecturer, FoNPH
10. Kunzang Deki, Department of School Health and Nutrition
11. Namgay Dorji, Religion and Health Program, Dratshang Lhentshog
12. Wangbama School Teacher I
13. Wangbama School Teacher II
14. Kencho Wangmo, WFP