

# NATIONAL SALT REDUCTION STRATEGY 2018-2022



Non-Communicable Disease Unit  
Ministry of Health, Nutrition & Indigenous Medicine  
Sri Lanka.

# **NATIONAL SALT REDUCTION STRATEGY 2018 - 2022**



**Non-Communicable Disease Unit  
Ministry of Health, Nutrition & Indigenous Medicine  
Sri Lanka.**

**2018**

National Salt Reduction Strategy 2018-2022

First Edition

© Non - Communicable Disease Unit, Ministry of Health, Nutrition & Indigenous Medicine, Sri Lanka

ISBN 978 - 955 - 3666 - 39 - 0

Published by:

Non - Communicable Disease Unit, Ministry of Health, Nutrition & Indigenous Medicine, Sri Lanka.

No. 385, Rev. Baddegama Wimalawansa Thero Mawatha,

Colombo 10.

---

Layout Designed & Printed by:

M.D.GUNASENA & COMPANY-PRINTERS (PVT) LIMITED

No 20, San Sebastian Hill, Colombo 12.

## Table of Content

Executive Summary .....	v
Abbreviations .....	vi
Chapter 1 : Introduction .....	1
Chapter 2 : Guiding Principles for the National Salt Reduction Response.....	3
Chapter 3 : National Goals, Objectives & Strategy framework with Strategic Directions.....	5
Chapter 4 : Strategic Directions .....	6
Strategic Direction 1: Surveillance - Measure and monitor population salt use.....	6
Strategic Direction 2: Harness Food Industry - Promote formulation of foods and meals to contain less salt .....	9
Strategic Direction 3: Adopt standards for labeling & marketing – Implement standards for effective and accurate labeling and marketing of food .....	11
Strategic Direction 4: Knowledge – to educate and communicate to empower individuals to eat less salt to reduce health risks.....	14
Strategic Direction 5: Environment – Support settings to promote healthy eating .....	16
References .....	18
Annex 1 - Prioritized National Salt Reduction Action Plan (2018-2020).....	19
Annex 2 - Monitoring & Evaluation of the National Salt Reduction Strategy .....	22



## Executive Summary

In Sri Lanka, ischemic heart diseases are the leading cause of death and in 2015 accounted for 14.2% of deaths. Increased blood pressure is the intermediate risk factor for ischemic heart diseases. High salt diets are the major cause of raised blood pressure, increasing the risk for cardiovascular, strokes and kidney disease and death. In 2012, the estimated salt intake of a Sri Lankan person including all sources of salt was 10.5g/ day (3.8g of sodium) which is in excess of the WHO recommended daily intake of <5g/day. Reducing dietary salt at the population level is the most cost effective public health measure available to lower blood pressure and mortality.

Recognizing the increasing premature mortality due to cardiovascular disease and population-wide over consumption of salt which results in hypertension the Government of Sri Lanka has launched a national initiative to reduce population dietary salt intake as a part of the non-communicable disease prevention and control policy. The Government of Sri Lanka is seeking the support of several government ministries including education, labour, agriculture and trade, food manufactures, caterers, retailers, food regulatory agencies, media, national public health leaders, academia, non-government organizations, civil society organizations and consumer organizations to be actively involved as key stakeholders in the national response for population salt reduction actions in order to reach a 30% relative reduction in mean population intake of salt/sodium by 2025. It is essential that this target is met in order to meet the overall goal of a 25% reduction in premature mortality from non-communicable diseases.

The Government of Sri Lanka's, National Strategic Plan for the years 2018-2022 (NSP) for population dietary salt reduction was developed to guide the multi-sectoral national response to reduce population salt consumption using five broad strategic directions: surveillance, harnessing the food industry to promote reformulation of foods and meals to contain less salt, adoption of standards for labeling and marketing of food products, knowledge building to empower individuals to consume less salt and creation of an environment which facilitate salt reduction initiatives in community settings. The guiding principles for the national response are political commitment, program leadership and governance, advocacy, multi-sectoral effective partnerships, empowerment of people and communities, integration with iodine deficiency program and monitoring and evaluation as they were considered to be essential for effective implementation of the strategic directions. The NSP is completed with a Prioritized National Salt Reduction Action Plan (2018- 2020) and a Monitoring and Evaluation Framework.

The overall, Goal of the NSP is to reduce the preventable and avoidable burden of morbidity and mortality due to hypertension related non- communicable diseases by reducing population salt intake as dietary salt is a major risk factor for hypertension. Reducing population salt consumption efforts are planned by means of multi-sectoral collaboration to accelerate country response as a cost effective intervention of preventing hypertension and the overall burden of non-communicable diseases to reduce the impact on social development of the country.

## Abbreviations

<b>BOP</b>	Back-of-pack
<b>COMBI</b>	Communication for behavior impact
<b>CVD</b>	Cardiovascular diseases
<b>DCS</b>	Department of Census & Statistics
<b>DGHS</b>	Director General of Health Services
<b>DHS</b>	Demographic Health Survey
<b>E&amp;OH</b>	Environment & Occupational Health
<b>FAC</b>	Food Advisory Committee
<b>FOP</b>	Front-of-pack
<b>HPB</b>	Health Promotion Bureau
<b>MLT</b>	Medical Laboratory Technician
<b>NABNCD</b>	National Advisory Board on Non-Communicable diseases
<b>NCD</b>	Non Communicable diseases
<b>NPMNS</b>	National Population Micronutrient Survey
<b>NSP</b>	National Strategic Plan
<b>SSF</b>	Sugar, salt, fat
<b>WHA</b>	World Health Assembly
<b>WHO</b>	World Health Organization

## Introduction

Since its discovery several thousand years ago, salt has profoundly affected human life, not just with food consumption and preservation, but also in the economic, mythological and religious spheres. Today salt is almost universally accessible, relatively cheap, and often iodized. Salt is an essential ingredient in the diet, but too much or too little can lead to health problems.

The global epidemic of non-communicable diseases (NCDs) has become a public health challenge and in 2015, nearly 70% of all global deaths were due to NCDs and 17.7 million or 45% of all NCD deaths were due to cardiovascular diseases (CVDs) such as ischemic heart disease and hemorrhagic or ischemic stroke<sup>1</sup>. Worldwide, increasing blood pressure or hypertension is the number one intermediate global risk factor for cardiovascular diseases, stroke and death and the second leading risk factor disability by causing heart disease, stroke and kidney failure<sup>2</sup>. Excess salt intake is the major risk factor for hypertension. A high salt diet also increases the risk of left ventricular hypertrophy and is a probable cause of gastric cancer and has possible association with osteoporosis, calcium containing renal stones and increased severity of asthma<sup>2</sup>. As salty foods cause thirst they are likely an important contributor to obesity, especially among children and adolescents, through its association with increased consumption of high calorie soft drinks<sup>2</sup>. Globally, 1.7 million annual deaths from cardio-vascular causes have been attributed to excess dietary sodium intake<sup>3</sup>. In SEAR countries, hypertension affects one in three adults and accounts for nearly 9% of all deaths<sup>4</sup>. World Health Organization (WHO) has recommended a set of strategies based on evidence for population salt reduction<sup>5</sup>.

In Sri Lanka, ischemic heart diseases have been the leading cause of death over the last four to five decades<sup>6</sup>. In 2015, IHD which was the number one killer and the mortality rate was 29.7 per 100,000 Population and accounted for 14.2% of all deaths<sup>7</sup>. In 2017, again the number one killer disease was coronary heart diseases and accounted for 22.5% of all deaths. The second leading cause of death was due to strokes and accounted for 12.7% of all deaths. There were 2271 deaths due to hypertension and accounted for 1.79% of all deaths in the country. The age adjusted death rate for hypertension was 10.13 per 100,000 populations and took the 111<sup>th</sup> world ranking position<sup>8</sup>. The actual burden of the disease is much higher as data is collected mainly from government hospital Indoor Morbidity and Mortality statistics and nearly 52% of the population seek healthcare from the private sector<sup>7</sup>.

Salt is a combination of two minerals sodium (Na<sup>+</sup>) and chloride (Cl)<sup>5</sup>. Salt and sodium is often used interchangeably but they are not the same. About 90% of the sodium we consume is in the form of salt. Sodium also occurs naturally in foods or is added during manufacturing or both<sup>5</sup>. It is the sodium component in salt that is believed to elevate the blood pressure among those with normal blood pressure as well as those with already raised blood pressure levels. Excess salt intake increases the blood pressure of infants and children as well. The progressively elevated blood pressure levels throughout life greatly increase the risks of CVDs<sup>5</sup>.

In Sri Lanka, the National Population Salt Consumption survey estimated salt intake of a person including all sources of salt as 10.5g/ day (3.8g of sodium). Mean salt consumption estimated by 24 hour urinary sodium analysis survey was 8.3g/person/day with males and rural residents having higher salt intake than their counterparts (males 9.0 vs. females 7.7g/day; rural 8.9 vs. urban 7.7g/day)<sup>9</sup>. The WHO recommended daily intake of salt of less than 5g/person/day (equivalent to 2g of sodium/person/day) to reduce blood pressure and risk of CVD and stroke is met by only 15% of the Sri Lankan population<sup>9</sup>. Nearly 70-80% of the salt is added directly while cooking or at the table or in the form of sauces, pickles and 15-25% come from processed food<sup>10</sup>.



Sodium is also found naturally in a variety of foods such as milk, meat, seafood and food additives. Reducing dietary salt at the population level is considered to be a “best buy” intervention by the WHO and encourages all countries to reduce average individual salt intake to <5g/day through the development of national salt reduction strategies as it is one of the most cost effective and cost saving ways of reducing the incidence of CVD, strokes and deaths<sup>11</sup>.

In 2011, the United Nations General Assembly issued a Political Declaration on the Prevention and Control of Non-communicable Diseases (NCDs) agreed by all member states. To act upon this declaration, the World Health Assembly (WHA) endorsed the Global Action Plan for the Prevention and Control of NCDs 2013-2020 which includes nine voluntary targets and a global monitoring framework<sup>3, 12</sup>. It became essential that global target 4 which is 30% relative reduction in mean population intake of salt/sodium is met in order to achieve the overall goal of a 25% reduction in premature mortality from NCDs by 2025, in a scenario where cardiovascular diseases are the world’s biggest killers<sup>3</sup>. Subsequently, in September 2015, the world adopted the Sustainable Development Goals, which contain ambitious targets related to NCDs, including that of reducing by one third premature mortality from NCDs through prevention and treatment. The Government of Sri Lanka (GOSL) is a signatory to these initiatives<sup>12</sup>. It is estimated that a 57% salt reduction during cooking or at the table and 45% reduction from the food industry over a period of 5 years are needed to reach the targets set for salt intake in the country<sup>9</sup>.

Non-Communicable Diseases unit is formulating the National Strategy for Salt Reduction in Sri Lanka as the prevalence of hypertension is increasing especially with advancing age where the life expectancy is now at 74 years and the major global risk factor for hypertension being excess salt intake and our population salt intake is double the recommended level and IHD being the number one killer in the country. This document is developed to harmonize with the global salt reduction strategy, Sri Lanka national policy on NCDs<sup>13</sup> and its action plan and the WHO “Best Buys” interventions<sup>11</sup>. The main strategic areas outlined in the national salt reduction strategy are surveillance, implementation of an effective behavior change communication and mass media campaign, harnessing food industry to reformulate food products to contain less salt, adopting a front of labeling system and establishment of a supportive environment in the community<sup>5</sup>. It also contains overarching elements such as political commitment, program leadership and governance, advocacy, multi-sectoral effective partnerships, empowerment of people and communities, integration with iodine deficiency program and monitoring and evaluation which are essential for effective implementation of the strategic directions. The national multi-disciplinary strategy will be implemented through multi-sectoral participation with the objective of engaging all relevant stakeholders in the national response. The expected major impact of the salt reduction strategy will be to reduce the incidence and premature deaths due to CVD and strokes.

A Monitoring & Evaluation (M&E) framework with an identified set of indicators will serve as the backbone to monitor the national response and progress towards achieving the objectives of the National Strategic Plan to guide and ensure that effectiveness of the national response is adequately met.

## Guiding Principles for the National Salt Reduction Response

---

### 1. Political commitment

Political leadership considers the salt reduction program as a high priority as high salt intake is the major risk factor for high blood pressure which causes IHD which is the leading cause of deaths in Sri Lanka. GOSL is a signatory to the UN declaration of reducing dietary salt by 30% by 2025 from the current consumption level and achieving Global Voluntary NCD targets. Political leadership would ensure government commitment to adoption of policies that limit salt in the food supply and bring about changes in legislation, if required, to support the salt reduction program. Necessary budgetary allocations will be ensured. Regular monitoring and evaluation of the progress will be carried out to stimulate the officials to roll out interventions as per the milestones.

### 2. Program leadership and governance

The national salt reduction program is a multi-faceted program with multi-sectoral involvement of many stakeholders. The success of the program depends on how best the several strategic directions such as formulating and implementing policy decisions, application of legislation, collaboration with food industry, community engagement, consumer participation, inter-sectoral coordination with public and private sector stakeholders, intra-sectoral coordination of different Directorates within especially government ministries. Program leadership and good governance is crucial for attainment of the target of reducing salt intake.

### 3. Advocacy

Advocacy denotes activities designed to place salt reduction high on the political and development agendas, to foster political will and to increase financial and other resources for program development to ensure that implementation is sustainable. The salt reduction strategy will be an integral component of the current non-communicable disease prevention and control program and adoption of healthy nutrition policies. The task of the multi-sectoral Advisory group will be to place prevention and control of NCDs including the National Salt Reduction Program as a high priority in the government agenda through advocacy.

### 4. Multi-sectoral effective partnerships

The proposed National Strategy for reduction of salt intake has a multi-faceted, multi-sectoral approach. Engaging all stakeholders is needed for achievement of objectives, targets and the overall goal. Directorate of the NCD will give leadership to national response in engaging government and –non-government sectors.

### 5. Empowerment of people and communities

For the public and target groups to reap the benefits of the salt reduction program, they should be provided with correct knowledge on the current salt intake patterns with high salt content and its health

consequences. Behavior change interventions with specific communication keys will be used for consumers to adopt desired salt reduction behaviors. Engaging consumers during planning, implementation and monitoring and evaluation is important.

#### **6. Integration with iodine deficiency program**

A coordinated approach will be adopted to ensure that a reduction in population salt consumption levels does not adversely affect iodine deficiency elimination program and that the promotion of iodized salt does not derail salt reduction efforts. Key areas for integration of the two initiatives include policy development, communication and advocacy, monitoring and surveillance and research.

#### **7. Monitoring & Evaluation**

A monitoring and evaluation structure with functions and capabilities will be established. An M&E framework with indicators will be developed. Relevant staff will be trained in M&E. Data collection and reporting forms /tools will be made available. National Advisory Board on Non-Communicable Diseases (NABNCD) chaired by Director General of Health Services (DGHS) will assess the reporting performance quarterly and report to the National NCD Steering Committee chaired by Secretary Health on progress towards achieving targets.

## **National Goals, Objectives & Strategy framework with Strategic Directions**

The National Strategic Plan for salt reduction has been developed to harmonize with the National Policy for NCDs and National Multisectoral Action Plan for the Prevention and Control of Non-Communicable diseases (2016-2020).

**Vision** – A country that is not burdened with chronic non-communicable diseases, deaths and disabilities

**Goal** – To reduce the preventable and avoidable burden of morbidity and mortality due to non-communicable diseases caused by increased salt in the diet by means of multi-sectoral collaboration to accelerate country response for reducing population salt consumption as a cost effective way of preventing hypertension and the overall burden of NCDs.

**Target** - A 30% reduction in mean population intake of salt /sodium by 2025 (reduce intake to less than 5g/day per person)

### **Objectives –**

1. To establish an effective sustainable surveillance system to measure, monitor and evaluate population salt consumption patterns and the major sources of salt in the diet
2. To harness the support of food industry to reduce salt content across the food supply
3. To introduce and adopt an effective and accurate nutrition labeling system and non-misleading marketing of food to enable consumers to easily identify foods that are low or high in salt
4. To Increase the knowledge and awareness of the health risks of excess salt intake and changes in behavior of people to reduce dietary salt intake.
5. To create an enabling environment for salt reduction initiatives through promotion of healthy food settings in schools, workplaces, hospitals and other community settings

### **Strategy Framework**

#### **Specific Strategic Directions**

1. **Surveillance** - Measure and monitor salt use
2. **Harness Industry**- Promote formulation of foods and meals to contain less salt
3. **Adopt Standards for Labeling and marketing** – implement standards for effective and accurate labeling and marketing food
4. **Knowledge** – Educate and communicate to empower individuals to eat less salt
5. **Environment** – Support settings to promote healthy eating

## **Strategic Directions**

### **Strategic Direction 1: Surveillance - Measure and monitor population salt use**

**Objective** - Establish an effective sustainable surveillance system to measure, monitor and evaluate population salt consumption patterns and the major sources of salt in the diet

Developing and establishing a sustainable surveillance system using the most reliable and valid methods feasible to the country context is vital. Surveillance is essential to quantify and track diseases and their determinants and provides the foundation for advocacy, national policy and action. A surveillance system strives to identify the current situation and thereafter monitor the trends (track changes) which enable comparison of indicators that have been selected in the salt reduction strategy of Sri Lanka and provide reliable and sustainable data to the national level authorities for policy and program development and to international monitoring agencies for appropriate action.

The 24 hour urinary sodium measurement is considered the most accurate method for analysis of population salt intake. Mean population salt intake will be estimated by urinary sodium excretion level and thereafter the age standardized population salt in-take per day per person aged 18 + years will be calculated. Urinary sodium analysis survey will be integrated into the National Population Micronutrient Survey (NPMNS) which will be done every 5years.

NCD risk factor -STEPS surveys and Demographic Health Surveys (DHS) will be used to gather information on population salt consumption patterns such as daily salt intake, sources of dietary salt, stages at which salt is added to foods. Data on knowledge, attitudes, perceptions and behaviors (KAPB) will provide information on consumer awareness of the recommended daily intake, link between excess salt intake and health and on misconceptions.

The methods to collect data on food sodium content are through chemical food analysis, food composition databases, food label surveys, industry self-reporting or shop surveys. Chemical analysis of food composition is the most accurate and transparent way of monitoring changes to sodium level in food. Analyzing the average levels of salt in the frequently consumed food will provide information to consumers to make their selection and for the food industry in reformulation of foods. A chemical analysis system will be established. Physical infrastructure, procurement of goods and human resources will be identified and mobilized to provide this service. Technical experts will develop protocols and software packages for direct chemical analysis of sodium, sugar and fat in foods. Regular label surveys will be carried out to ensure progress by food companies in adopting food labeling systems which display reduced sugar, salt and fat levels.

**Intervention 1** - Measure and monitor population salt consumption patterns**Key Activity- 1**

Conduct salt surveys to provide baseline data on population salt consumption patterns and to monitor progress of intervention

**Sub-activities**

- 1.1 MRI to conduct National Population Salt Consumption Pattern survey together with a KAPB survey and prepare databases
- 1.2 NCD unit to integrate population salt consumption patterns into risk factor STEPS survey every 5 years and prepare databases
- 1.3 MRI to carry out every 5 years a 24 hour urinary sodium analysis survey integrated into the National Population Micronutrient Survey
- 1.4 NCD unit to incorporate questions in the Demographic Health Surveys (DHS) conducted by Department of Census & Statistics (DCS) to gather information on population salt consumption patterns
- 1.5 NCD unit to conduct a baseline shop and restaurant survey and repeat every 5 years

**Intervention 2** - Measure and monitor the sodium content of food**Key Activity-1**

Conduct direct chemical analysis of salt in commonly used food items by strengthening the capacity of national institutions for testing and monitoring the salt content in food

**Sub-activities**

- 1.1. MRI to establish a chemical analysis system by identifying newer practical methodologies for direct chemical analysis of foods to measure nutrient contents (sodium, sugar and fat ) in specified foods and disseminate data to relevant stakeholders.
- 1.2 Ministry of Health to upgrade and expand physical infrastructure and human resource facilities at MRI and Regional food laboratories for chemical analysis of sugar, salt and fat content in food
- 1.3. Deputy Director General – Education/Training & Research (DDG ET &R) to strengthen Medical Laboratory Technician (MLT) curriculum on analysis of salt, sugar and fat content in food

**Key Activity - 2**

Conduct Analysis of food labels to assess % of food items with proper labels giving the nutrient content including sodium content in food.

**Sub-activities**

- 2.1 MRI to conduct annual food label surveys and carry out label analysis to assess the percentage of food items with proper labels giving the nutrient content including sodium content of food.
- 2.2 MRI to update protocols and software for label analysis

**Intervention 3** - Monitor and evaluate the impact of the salt reduction program

**Key Activity -3**

Strengthen the NCD unit to monitor and evaluate the outcome and impact of salt reduction program as per the indicator framework and foster research on the economic and health impact of high salt diets

**Sub-activities**

- 3.1. Develop the capacity of NCD unit to monitor and evaluate the National Salt Reduction Program and report the progress to NABNCD and National NCD Steering Committee
- 3.2. MRI and NCD unit to prepare data bases for analysis
- 3.3. NCD unit to include monitoring of the implementation of salt reduction strategy as an agenda item of the National NCD Council chaired by Minister of Health.
- 3.4. NCD unit to conduct cost benefit/cost effective analysis of salt reduction strategies
- 3.5. NCD unit and Health Information Unit of Ministry of Health to publish surveillance data giving the status of salt in Sri Lanka in the Ministry of Health web site

## **Strategic Direction 2: Harness Food Industry - Promote formulation of foods and meals to contain less salt**

**Objective** -To harness the support of the food industry to reduce salt content across the food supply

In Sri Lanka, most of the dietary salt comes from household cooking either added directly while cooking or at the table or in the form of sauces and pickles and only 15-25% of dietary salt comes from processed food<sup>10</sup>. This situation will change very soon with the economic transition Sri Lanka is experiencing. Rapid urbanization and adoption of an open economy has led to a flourishing fast-food industry and consequent lifestyle changes where home cooking is gradually being replaced by over the counter purchase of fast-food, restaurant eating which use high salt containing processed food. Advertising of various fast-foods and processed food and their attractive outlets is contributing much to this changing phenomenon. Children especially are favoring such food as oppose to traditional home cooked meals.

Survey data has shown that the WHO recommended daily intake of salt per person of < 5g to reduce blood pressure and risk of CVD and stroke is met only by 15% of the Sri Lankan population<sup>9</sup>. Therefore urgent interventions are needed both at household level and from the food industry to achieve the global NCD target 4. It is estimated that a 57% salt reduction during cooking or at the table and 45% reduction from the food industry over a period of 5 years are needed to reach the targets set for salt intake in the country<sup>9</sup>. Processed food contributing to salt in the diet usually includes bread, meats, dairy products, yeast extracts, soup cubes, sauces (particularly soy sauce and fish sauce), biscuits and salty snacks which are the favorite choices of the younger generation. Identifying foods with high salt content and setting standard levels is essential as literature reveals that salt reduction was effective in countries which set product specific salt level targets<sup>15</sup>.

Salt is added to processed food and meals due to a variety of reasons but primarily because it is a cheap way of adding flavor to bland food. When high salt foods are consistently consumed the salt taste receptors are suppressed creating the habit of eating highly salted foods and leading to greater consumer demand. Evidence shows that it is possible to make significant reductions (40-50%) in the salt content of a range of products without consumer noticing<sup>5</sup>. As salt intake falls, the specific salt taste receptors in the mouth become much more sensitive to lower concentrations of salt. According to expert evidence this adjustment takes only 1-2 months<sup>5</sup>. The food industry and consumers both have to appreciate that scientific data has shown that it is unlikely that lowering salt concentrations of food will lead to the foods being rejected. Further, evidence suggests that once salt intake has been reduced, individuals prefer foods with less salt<sup>5</sup>.

E&OH unit, NCD unit and Nutrition Unit are mandated to harness the support of key stakeholders and lobby for voluntary reduction of salt in foods to reasonable levels which is significant enough to reduce population salt intake. Engaging large and small scale manufacturers, caterers and retailers and seeking their commitment is fundamental to the successes of salt reduction strategies. Other stakeholders that will be involved are National Chamber of Commerce, Sri Lanka Standards Institute, Government Analyst Department, Consumer Affairs Authority, Consumer organizations, food technology scientific societies, nutrition experts, trade unions. During these discussions it is necessary to agree on benchmarks of percentage reductions in different food categories to be achieved within a specific time period usually two years. The committee thereafter will decide on the necessity to introduce mandatory regulations on salt/sodium levels.



**Intervention 1-** Set target levels for the amount of salt in foods and meals and implement strategies to promote voluntary reformulation of food

**Key Activity - 1**

Identify key food categories to be reformulated and develop a reformulation schedule with the consensus of the food industry

**Sub-activities**

Appoint a sub-committee under the Chairmanship of DDG-E&OH to

- 1.1 Identify locally produced key processed foods (5-6) with high salt content which needs salt reduction using label analysis data and surveillance data
- 1.2 Review current food standards and regulations
- 1.3 Set salt/sodium reduction target levels for each identified food category prioritizing the ones that contribute most to population intake
- 1.4 Ensure all new products are low in salt
- 1.5 Ensure salt reduction methods do not jeopardize the Iodine fortification program
- 1.6 Encourage Industry self-reporting on voluntary changes food industry have made (before embarking on a mandatory method)

**Key Activity - 2**

Engage with a wider representation of the food industry to harness support to reduce salt content of frequently used preprocessed packaged food, locally prepared sauces, pickles (manufacturers) and serving food with new menu's/recipes with less salt (caterers)

**Sub Activities**

- 2.1 E&OH unit and NCD unit to conduct advocacy meetings with a wider group of members from the food industry including large and small scale manufacturers, processors, retailers, caterers on the current high salt intake and its health risks, the need to voluntarily reformulate food to contain less salt, serving food with reduced salt and introducing menu labeling systems
- 2.2 E&OH unit to encourage supermarkets to introduce "shelf labeling" by displaying warning labels with foods with high sugar, salt and fat

**Key Activity -3**

Monitoring the salt content of reformulated food and progress of activities.

**Sub activity**

- 3.1 MRI to periodically monitor salt content in food products which were scheduled to have reduced salt content and disseminate results to National NCD Steering Committee and thereafter to food industry and public through the Ministry of Health web site. Consider lowering targets if necessary after reviewing surveillance data.

### **Strategic Direction 3: Adopt standards for labeling & marketing – Implement standards for effective and accurate labeling and marketing of food**

**Objective** – To introduce and adopt effective and accurate nutrition labeling systems and non-misleading, ethical marketing of foods to enable consumers to easily select healthy foods

In salt reduction, the purpose of nutrition labeling is to guide consumers towards selection of food choices that contain less salt. Labeling systems are most commonly used for pre-packaged food and beverages. It can be voluntary or mandatory. Labeling systems vary in the type and number of nutrients labeled, the reference value used, whether the information appears on front-of-pack (FOP) or back-of-pack (BOP) and whether the label gives any interpretive guidance to the consumer<sup>5</sup>.

Nutrient declarations, which take the form of BOP listing of the nutrient content of foods, should be displayed on all pre-packaged foods as mandated by the Codex Alimentarius<sup>5</sup>. All pre-packaged foods will be mandated by 2020 to display the back-of-pack labeling according to the Sri Lanka Food Labeling and Advertising regulations.

A FOP labeling system that is suitable to Sri Lanka will be developed by an expert working group represented by all stakeholders taking into consideration success stories from other countries rather than invent new ones. Front-of-pack (FOP) nutrition facts labeling will be used as a supplementary tool to guide consumers about the nutrient quality of food products. It is interpretive, meaning that it can provide an “at-a-glance” indication whether food has high or low levels of a nutrient or a set of nutrients thereby allow consumers to understand the nutrient content of foods quickly and easily to make fast evaluations of the products and choose healthy food. Introducing a labeling scheme such as “colour code” system enable consumers to work out the relative nutrition value of the food quickly and thereby make healthier food choices. FOP labeling encourages manufacturers to declare publicly the nutrient contents in food products to indicate to consumers their policy to adopt standards<sup>5</sup>. Studies have shown that consumers favour the FOP system which is simple, clear and easy to use to direct consumers to healthier food choices<sup>15</sup>.

Evidence from systematic reviews on the extent, nature and effects of food marketing to children concludes that advertising and marketing of foods with high content of sugar, salt and fat (SSF) are widespread across the world. Therefore controlling marketing of food and beverages high in fat, sugar and salt has identified as a cost effective strategy to reduce consumption of such foods and beverages.

In Sri Lanka, all marketing strategies and advertisements of foods and beverages should be approved by the food control administrative unit of Ministry of Health after evaluation for fat, sugar and salt content of the item using Nutrient Profiling Model developed by the Nutrition Division (and other relevant parameters).

Existing regulations will be reviewed and revised accordingly to restrict misleading and unethical marketing and labeling of food high in SSF. There are other additional measures that can be taken at the point of purchase to reduce the impact of misleading marketing. Food stores and supermarkets will be encouraged to display “shelf labeling” which indicates warning labels to identify foods high in salt. Inappropriate promotion of food and beverages and misleading and unethical marketing practices will be monitored.

**Intervention - 1** - Strengthen back –of-pack (BOP) nutrient labeling system

**Key activity - 1**

Enforce mandatory Back –of-Pack (BOP) labeling system

**Sub activities**

- 1.1 E & OH unit to enforce mandatory BOP labeling system from 2020
- 1.2 Engage with the food industry to encourage manufactures to display BOP labeling

**Intervention - 2** - Reduce salt intake through the implementation of front-of-pack labeling (FOP)

**Key activity - 1**

Establish a multi-sectoral expert steering committee chaired by Deputy Director General of E&OH to initiate developing a suitable FOP labeling system for the country

**Sub activities**

Above committee to

- 2.1 Identify suitable FOP labeling system for Sri Lanka.
- 2.2. Identify criteria for categorization of foods high or low in salt by using a suitable nutrient profiling model developed by the Nutrition unit
- 2.3. Regulations and Formulations committee to review current laws and regulations and make recommendations to incorporate FOP food labeling system according to CODEX guidelines to the Food Act initially as a voluntary measure and then convert to mandatory after a specific period
- 2.4 Labeling & Advertising committee of E&OH unit to develop Labels which are clear, simple, culturally acceptable and easy to understand independent of literacy level or socioeconomic level based on the recommendations of the expert Committee.

**Key Activity - 3**

Create consumer education on nutrition labeling systems (BOP and FOP) towards a behavior change to select foods low in SSF

**Sub-activities**

- 3.1 E &OH unit together with Health Promotion Bureau (HPB) to conduct media campaigns to inform consumers on the selected labeling systems and its usefulness in selecting food with low sugar, salt and fat (see section 4.)
- 3.2 Nutrition Division to develop a mobile application based on a Nutrient Profiling Model to enable consumers to interpret food labels quickly to select foods with low sugar, salt and fat (e.g. Australia Food-Switch app) see section –4.
- 3.3 E&OH unit & HPB to include questions on consumer understanding and use of FOP and BOP systems in STEPS and other relevant surveys to assess the effectiveness of media campaigns towards a behavior change

**Intervention 3** - Implement strategies to combat misleading and unethical marketing of foods that are high in salt

**Key activity - 1**

Review current misleading marketing practices and develop standards and regulations to control marketing of foods high in sugar, salt and fat

**Sub activities**

- 1.1 Nutrition unit to develop a Nutrient profiling model to restrict marketing of unhealthy food and non-alcohol beverages to children
- 1.2 E&OH unit and Nutrition unit to review and revise the regulations on advertising and labeling to restrict the marketing of unhealthy foods and beverages to children.
- 1.3 E&OH unit, NCD unit and Nutrition unit to establish a system to monitor the advertisements and marketing using other media of foods and beverages.

**Intervention - 4** - Strengthen E&OH unit and MOH offices for monitoring and evaluation of labeling systems and misleading marketing of food

**Key Activity - 1**

Identify mechanisms, indicators and milestones for the monitoring & evaluation

**Sub activities**

- 4.1. E&OH unit to develop guidelines to monitor labeling system and unethical and misleading marketing practices through the Medical officer of Health offices throughout the country
- 4.2. E&OH unit and NCD unit to develop data formats to collect data and report to higher authorities including National NCD Steering Committee for action
- 4.3. E&OH unit and FHB to develop a software application to monitor inappropriate promotion of foods and beverages to infants and children

## **Strategic Direction 4: Knowledge – to educate and communicate to empower individuals to eat less salt to reduce health risks**

**Objective** – To Increase the knowledge and awareness of the health risks of excess salt intake and changes behavior of people to reduce dietary salt intake

According to population based surveys the salt consumption in Sri Lanka amongst 40% of households is in excess of the WHO recommended level. Almost 70- 80% of the dietary salt intake in the country comes from adding salt during home cooking directly or at the table and as sauces and pickles<sup>9,10</sup>. In some households salt is traditionally added to the pot of rice and it becomes the major source of dietary salt. This is borne out in the STEPS survey which shows that nearly 53% of the population admits of adding salt while cooking rice, 72.5% adding salt while cooking, 21.8% adding salt before or when eating<sup>10</sup>.

In Sri Lanka, 15-25% of salt comes from processed food<sup>9,10</sup>. This situation may change with younger populations demanding for food prepared out of home. Sodium is also found naturally in a variety of foods such as milk, meat, seafood and food additives. The STEPS survey has observed that approximately 27% of adults (28.3% males and 24.8% females) were always or often eat processed foods<sup>10</sup>. Health education can play a vital role in changing this practice of consuming food with high salt content.

According to STEPS survey, 73% of females knew that consuming too much of sodium could cause serious health problems but whether they were using less salt in the diet was not explored in the study<sup>10</sup>. Therefore strategies are planned to go beyond education and help instill behavior changes towards reducing dietary salt.

In this background accurate consumer knowledge and awareness are essential to achieve sustainable changes in consumer behavior towards consumption of less salt. The education and communication strategy will be a key component in population salt reduction efforts.

The main objective is to move beyond public awareness and instill behavior change with changes in the environment that make it supportive for the population to consume less salt containing foods. The ultimate goal will be to be educated and achieve a positive behavior change to consume less salt.

Different approaches will be applied in education and communication campaigns –including social marketing, social mobilization, behavior change communication and communication for development. The Communication for behavior impact (COMBI) concept will be used to encourage consumers including housewives, local vendors, schools, workplaces, different communities, health service providers and other agencies to take action towards the goal of reducing population salt consumption.

Integration of salt reduction interventions into the existing Government health packages will be given consideration. A large female population is reached through the Family Health Program (field and clinic level) of the Family Health Bureau, Ministry of Health and integration of salt reduction interventions at all levels of the program will be considered. Healthy life style clinics under the purview of the Directorate of NCD will be another platform to integrate salt reduction interventions.

A multi-sectoral expert working group will be established with relevant stake holders to plan and develop a strategic and targeted communication program for behavior change and a mass media campaign through a comprehensive consultative process and the involvement of several stakeholders. It will formulate behavioral objectives and desired outcomes, and use the COMBI concept to develop the communication and mass media campaign for general public and selected target groups to raise awareness about the health risks, dietary sources of salt, daily salt targets, household salt consumption being the major dietary source, dietary misconceptions regarding salt, food label reading and ultimately change behavior to select food low in salt.

Formative assessments among general public, selected target groups will be a key element to collect data to prepare interventions for behavior change communication and mass media campaign. Information, education and communication material will be prepared and pre-tested and refined before finalizing. A monitoring and evaluation component will also be developed.

**Intervention -1** - Implement integrated education and communication strategies to raise awareness on the health risks and dietary sources of salt leading to change the behavior of increased dietary intake of salt

**Key Activity - 1**

Development of a multi- component behavior change communication and mass media campaign to reduce salt intake for general public and selected target groups

**Sub activities**

- 1.1 NCD unit with Health Promotion Bureau (HPB) and other stakeholders to establish an expert working group (WG) with Terms of Reference and timelines to Develop a behavior change communication and mass media campaign and Submit the draft strategy to National NCD Steering Committee for approval
- 1.2 Development of information, education and communication material

**Key Activity -2**

Education and communication strategy is implemented and monitored and evaluated

**Sub activities**

- 2.1 Select suitable indicators and develop a M&E Framework for the education and communication strategy
- 2.2 Conduct a tracking and post campaign survey to monitor and evaluate behavior changes of target groups
- 2.2 Determine urine sodium levels after 3-5 years of launching the strategy

## **Strategic Direction 5: Environment – Support settings to promote healthy eating**

**Objective** – To create an enabling environment for salt reduction initiatives through promotion of healthy food settings in schools, workplaces, hospitals and other community settings

Settings are defined as places where people live, work, and play. There is good potential for reducing salt in the food supply in settings such as schools, workplaces and hospitals as the management has full control over the food served.

Setting standards for foods served in schools, workplaces, hospitals together with health promotion and communication programs towards a behavior change to select and consume food with low sugar salt and fat will be developed in consultation with the stakeholders and implemented (see section 4.4).

Schools are an ideal setting to promote healthy eating. Existing school canteen policy/circular will be updated to include salt reduction strategies. School based education to consume healthy food will be encouraged through the subjects which incorporate health, physical activities and positive living. School authorities will foster the support of parents as stakeholders by conducting health promotion and communication programs for them.

In an attempt to engage men in knowledge and communication programs to change high salt eating behaviors and choose healthy foods which contain less sugar, salt and fat, private and public workplaces will be targeted. Existing Institutional Food Policies will be reviewed and revised to incorporate interventions that are needed to reduce consumption and serving of high sugar, salt and fat containing foods.

Hospital in-patient food policies will be revised to include low salt diets.

**Intervention - 1** - Implement multicomponent salt reduction strategies in settings including schools, hospitals and workplaces

### **Key Activity - 1**

Empower school, workplace and hospital authorities to control foods served with high levels of salt, sugar and fat

#### **Sub activities**

- 1.1 NCD unit to conduct advocacy meeting with Ministry of Education on the need to introduce salt reduction interventions in schools
- 1.2 E&OH unit to conduct advocacy meetings with Ministry of Labour on the need to introduce salt reduction interventions in workplaces
- 1.3 E&OH unit and NCD unit to conduct advocacy meetings with Employer's Federation, National Chamber of Commerce on the need to introduce salt reduction interventions in workplaces
- 1.4 NCD unit to conduct advocacy meeting with PDHS and Directors of hospitals on the need to introduce salt reduction interventions
- 1.5 MRI to initiate development of food composition tables to identify foods high in sugar, salt and fat

### **Key activity - 2**

Empower school authorities to restrict availability of FNAB high in sugar, salt and fat in and around school premises

**Sub activities**

- 2.1 NCD unit together with local MOH to conduct advocacy meetings to all stakeholders on the need to introduce foods low in sugar, salt and fat in school canteens and in premises around the school and develop a salt reduction strategy which includes an education and communication component
- 2.2 Nutrition unit to develop a Nutrition Profiling Model to develop standards to restrict availability of FNAB high in sugar, salt and fat in school canteens and around school premises
- 2.3 Nutrition Unit to review and revise the School Canteen policy/circular to include salt reduction strategies
- 2.4 Nutrition Unit, NCD unit and Ministry of Education to revise school curriculum to include sugar, salt and fat reduction strategies and benefits ( focusing on high daily salt intake and health consequences, reducing food with high salt content, using food labeling systems to choose healthy foods)
- 2.5 Conduct programs for students, teachers and parents using existing systems of communication to deliver messages on choosing healthy food and link between high sugar, salt and fat diets and health

**Key activity - 3**

Introduce workplace healthy food programs

**Sub activities**

- 3.1 E&OH unit to identify workplaces in the government and private sector in a phased out manner and conduct advocacy programs with officials, caterers, workers on the need to have salt reduction strategies and develop a salt reduction strategy which includes an education and communication component
- 3.3 E&OH unit to introduce/ update workplace canteen guidelines /circulars to include interventions to reduce use of sugar, salt and fat in foods
- 3.4 Conduct programs for employees using existing systems of communication to deliver messages on choosing healthy food and link between high sugar, salt and fat diets and health

**Key activity - 4**

Introduce healthy diets in government hospitals

**Sub activities**

- 4.1 NCD unit to Empower hospital authorities to introduce sugar, salt, fat in hospital food
- 4.2 Review and revise guidelines/circulars on hospital diets with the objective of reducing sugar, salt and fat in hospital diets

**Key activity - 5**

Monitoring & evaluation

**Sub activity**

- 5.1 NCD unit and E &OH unit to Integrate monitoring of schools, hospitals and other workplace institutions serving healthy food as per recommended standards into the existing MOH and PHI duties



## References

1. World Health Organization. Global Health Observatory data – NCD Mortality & Morbidity [www.who.int/gbo/ncd](http://www.who.int/gbo/ncd)
2. Pan America Health Organization Salt –Smart Americas: A guide for country-level Action. PAHO, 2013.
3. World Health Organization. Global Status Report on non-communicable diseases. Geneva, 2014.
4. World Health Organization. Report of the Regional Forum. South-East Asia Region, New Delhi, 2013.
5. World Health Organization. The SALT Habit. The SHAKE technical package for salt reduction. Geneva, 2016.
6. World Bank. HNP discussion paper. Sri Lanka, 2010.
7. Ministry of Healthcare, Nutrition & Indigenous Medicine, Colombo, Sri Lanka (2015). Annual Health Bulletin.
8. World Health Organization. Age –adjusted death rate estimates; [www.worldlifeexpectancy.com/world-ranking-total-deaths](http://www.worldlifeexpectancy.com/world-ranking-total-deaths) 2017.
9. Ministry of Healthcare, Nutrition & Indigenous Medicine, Colombo, Report of the Medical Research Institution. Sri Lanka, 2012.
10. Ministry of Healthcare, Nutrition & Indigenous Medicine, Colombo, STEPS Survey. Sri Lanka, 2015.
11. World Health Organization. “Best Buys” and other recommended interventions for the prevention and control of non-communicable diseases 2013-2020.
12. Ministry of Healthcare, Nutrition & Indigenous Medicine, Colombo. National Multi-sectoral Action Plan for Prevention and Control of non-communicable diseases (2016-2020). Sri Lanka 2015.
13. Ministry of Healthcare, Nutrition & Indigenous Medicine, Colombo, Sri Lanka (2010). National Policy for the prevention and control of non-communicable diseases.
14. World Health Organization (WHO), “Best Buys” and other recommended interventions for the prevention and control of Non-communicable diseases. Geneva. WHO (2017)
15. Jacqui Webster, Kathy Trieu, Elizabeth Dunford and Corina Hawkes. Target Salt 2025: Global overview of National Programs to Encourage the Food Industry to Reduce Salt in Food. Nutrients 2014. [www.mdpi.com/journals/nutrients](http://www.mdpi.com/journals/nutrients).

## Annex I : Prioritized National Salt Reduction Action Plan (2018-2020)

Prioritized actions	Detailed activities	Key Responsibility	Other organizations	Milestones
Include National Salt Reduction Strategy in the NCD component of health and development agenda	Strengthen National NCD policy and National Nutrition Policy to include salt reduction strategies and restricting marketing of unhealthy food and beverages to children  Discuss M&E activities of the National Salt reduction strategy at the National NCD Council	NCD unit	Nutrition Division	2018-2019
Identify the current salt consumption patterns	Determine the age standardized Mean population intake of salt/sodium per day in grams in persons aged 18+ years by using the 24 hour urinary sodium excretion /Spot urine measurement based on resource availability)  Conduct National Salt Consumption pattern survey to identify the current main sources of salt in foods Prepare for Risk factor STEPS survey  Prepare data bases and publish surveillance data in Ministry of Health web sites	MRI	NCD unit	Commence survey in 2018/2019  2018-2019
Measure average nutrient contents (SSF) in commonly used specified food	Chemical analysis of sodium/salt content and sugar and fat on a yearly basis  Strengthen MLT curriculum to include chemical analysis of SSF	MRI	and Nutrition Division  NCD unit & Education /Training & Research Unit of Ministry of Health	2019  2020

Prioritized actions	Detailed activities	Key Responsibility	Other organizations	Milestones
Identifying Sodium/salt content in food labels	Label Surveys	Nutrition Division		2018-2019
Reduce salt intake through reformulation of food products to contain less salt	Conduct advocacy meetings with relevant stakeholders  Develop reformulation schedule with timelines for implementation after identifying food categories and standard salt levels are set	E&OH unit	NCD unit, Nutrition Division, Food industry	2018-2019  2019-2020
Implement integrated education and communication strategies to raise awareness about health risks, dietary sources of salt, use of food labeling and ultimately behavior change to consume less salt	Development and implementation of a multi-component behavior change communication and mass media campaign using COMBI concept to reduce salt intake for general public and selected target groups in community setting	HPB	NCD unit, Nutrition Division, Ministry of Mass Media, Food industry, Food technologists, Advertising agency, consumer organizations	Commence development in 2018
	Review and revise school canteen policy to include serving of foods containing less SSF and sale of unhealthy food around school premises	Nutrition Division	NCD unit, E&OH, Ministry of Education	2018
	Review and revise workplace canteen policies to include serving of foods containing less SSF	E&OH unit	NCD unit, Min. of Labour	2018

Prioritized actions	Detailed activities	Key Responsibility	Other organizations	Milestones
Reduce salt intake through implementation of F-O-P labeling	Advocacy meetings with food industry, Ministry of Trade & Commerce and other relevant stakeholders	E&OH	NCD unit, Nutrition Division, Food industry	2018
	Develop FOP labeling system to suit Sri Lanka using inputs from multiple stakeholders			2018-2019
	Implement FOP labeling system			2020
Collect data on sodium content in foods served in shops and restaurants	Conduct a baseline shop and restaurant survey and repeat every 5 years	E&OH unit	Food industry, NCD unit	2019-2020
Develop the capacity of NCD unit in M&E of National Salt Reduction Program	Resource mobilization and Training	Ministry of Health	NCD unit	2018-2020

## Annex II Monitoring & Evaluation framework

Impact Indicators	Data source	Responsibility	Time frame	Mile stone by 2025
Per capita salt consumption -	Population Salt Survey / Micro-Nutrient Survey	MRI	2019 -2022	Reduce population salt consumption from baseline value of 10.5g/person/day to 7.35 g per person per day by 2022 and 5g by 2025
Age standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years	24 hour Urinary excretion survey (alternative - Spot urine measurement)		2019-2022	Reduce 24 hour urine excretion level from baseline 8.3g/person/day to 5.81 g per person per day by 2025
% reduction of Premature mortality due to CVD			2020-2025	25% reduction of CVD mortality by 2025
Outcome Indicators	Data source	Responsibility	Time frame	
% of consumers who know the primary sources of food containing high salt	STEPS survey	NCD unit and HPB		2022-2023
% of consumers who have the knowledge that salt reduction reduce their risk of CVD	STEPS survey	NCD unit and HPB		2022-2023
% people who are using the BOP system to make healthy food choices	STEPS survey	NCD unit and HPB		2022-2023
% of households who have reduced salt intake at home during cooking	STEPS survey	NCD unit and HPB		2022-2023
% of households who have reduced adding salt to the rice pot	STEPS survey	NCD unit & HPB		2022-2023
% of consumers who purchase processed food using FOP labeling system	STEPS survey	NCD unit and HPB		2022-2023

## Annex II Monitoring & Evaluation framework (contd..)

Outcome Indicators	Data source	Responsibility	Time frame
% of students who know the primary sources of food containing high salt	School survey	NCD unit & Ministry of Education &HPB	2022-2023
% of students who have the knowledge that salt reduction reduce their risk of CVD	School survey	NCD unit & Ministry of Education &HPB	2022-2023
% of employees who know the primary sources of food containing high salt	Workplace survey	E&OH & Employer's Federation of commerce	2022-2023
% of employees who have the knowledge that salt reduction reduce their risk of CVD	Workplace survey	E&OH & Employer's Federation of Commerce	2022-2023
% employees whose households have reduced salt during cooking	Workplace survey	E&OH & Employer's Federation of Commerce	2022-2023
% of employees whose households have reduced adding salt to the rice pot	Workplace survey	E&OH & Employer's Federation of Commerce	2022-2023
% employees who used FOP system during last purchase of food	Workplace survey	E&OH & Employer's Federation of Commerce	2022-2023
% employees who used BOP system during last purchase of food	Workplace survey	E&OH & Employer's Federation of Commerce	2022-2023
% employees who have changed behaviors in reducing salt after a workplace health promotion program	Workplace survey	E&OH & Employer's Federation of Commerce	2022-2033
% reduction of purchase of salt stocks in hospitals	Annual Health Report of Ministry of Health	NCD unit	2020

Output Indicators	Data source	Responsibility	Time frame
<b>Surveillance</b>			
Availability of timely data on population salt consumption patterns-	Population Micronutrient Survey, STEPS survey & DHS	NCD unit, MRI & DCS	2018-2020
Availability of timely data on sodium/salt content levels in food labels	Food label surveys	MRI	2019-2020
Availability of timely data on number of food items tested for sodium content and sodium content in commonly used specified food	Report of chemical analysis	MRI	2019-2020
Availability of data from shop & restaurant survey	Survey report	E&OH, Food industry, Nutrition Division	2019-2020
<b>Strategy - Harness support</b>			
Number of advocacy meetings with food industry	E&OH unit report	E&OH unit & NCD unit	2018-2019
% food manufacturers pledged voluntary reformulation as per the recommendation and reformulation schedule being implemented	Committee report & Self reporting from Industries	E&OH unit	2019-2020
Number of available reformulated processed foods which contain the recommended salt level	Committee report	E&OH unit	2020
% of registered hotels/ restaurants and eating places taken steps to reduce salt as per the recommendation	Committee report /industry self-reporting	E&OH unit	2019

Output Indicators	Data source	Responsibility	Time frame
<b>Strategy - Adopt</b>			
Revised regulations on mandatory BOP food labeling incorporated to the Food Act	Food Act	E&OH	2018
Number of foods providing BOP labeling	Food Label Survey	E&OH & MRI	2020
FOP system developed and implemented	Report of E&OH to NCD Steering Committee	E&OH	2018-2020
Revised regulations incorporated into the Food Act restricting misleading and unethical marketing of FNAB to children	Food Act	E&OH	2019-2020
Availability of a Mobile app to identify food that are high in sugar, salt and fat	Report of Nutrition Division to National NCD Steering Committee	Nutrition Division	2018
Availability of a separate M&E unit in E&OH unit to monitor food labeling and inappropriate promotion of FNAB to infants and children	Report of E&OH unit	E&OH	2019-2020
Availability of a software to monitor inappropriate promotion of FNAB to infants and children	Report of Nutrition Division & FHB to National NCD Steering Com	FHB & NU	2018
Availability of a Mobile app to identify food that are high in sugar, salt and fat	Report of Nutrition Division to National NCD Steering Com.	Nutrition Division	2018
number of restaurants that have reduced using salt in food	Industry self- reporting	E&OH	2020



<b>Strategy - Knowledge</b>		
Communication and mass media campaign developed and approved by National NCD Steering Committee	Reports from expert committee	NCD unit & HPB 2018-2020
Communication and mass media campaign launched		NCD unit & HPB 2020-2021
Post Campaign survey completed	Results from integrated surveys	NCD unit & HPB 2022
<b>Strategy - Environment</b>		
School canteen policy/circular implemented to restrict foods containing high sugar, salt and fat	Report of E&OH to National NCD Steering Committee	E&OH, FHB and Ministry of Education 2018-2019
Number of schools using Specific IEC material to promote use of reduced SSF in school foods	Report of E&OH to National NCD Steering Committee	E&OH and Ministry of Education 2019-2020
Workplace (Government) canteen policy/circular revised to restrict foods containing high sugar, salt and fat	Report of E&OH to National NCD Steering Committee	E&OH and Ministry of Labour 2018-2019
Number of workplaces using specific IEC material to promote use of reduced SSF in canteen food	Report of E&OH to National NCD Steering Committee	E&OH, MOL and EFC 2019-2020
% of hospitals per district restricted high sugar, salt and fat containing food items in hospital diets	Report of E&OH to National NCD Steering Committee	DGHS and PDHSS 2018-2020
SSF content in hospital in-patient diets monitored every 6 months	Report of MRI	MRI 2019-2022
% of Food Stores and Supermarkets displaying "shelf labeling" indicating foods with high salt content		E&OH, NCD unit, DCS 2022

# NATIONAL SALT REDUCTION STRATEGY 2018-2022: SRI LANKA



Non-Communicable Disease Unit  
Ministry of Health, Nutrition & Indigenous Medicine  
Sri Lanka.

ISBN 978-955-36-6639-0



9 789553 666390