



# **TARGET 4**

## Reduce salt intake

## A PREAMBLE

As stated in the World Health Organization (WHO)'s *"Guideline: Sodium intake for adults and children"*, high salt consumption contributes to raised blood pressure and increases the risk of heart disease and stroke. The WHO recommends a salt (sodium chloride) intake of less than 5 grams (approximately 2 grams of sodium) per adult person per day for the prevention of cardiovascular diseases<sup>71</sup>. Also, the WHO sets a voluntary global target of a 30% relative reduction in mean population daily intake of salt/sodium over a period of 15 years by 2025.

A 30% relative reduction in mean population daily intake of salt/sodium by 2025 is a huge challenge to Hong Kong people and the Hong Kong Special Administrative Region Government alike. That said, Hong Kong will do its best to bring about a reduction in the salt intake of its population.

## B LOCAL SITUATION

Below provides a snapshot of local situation regarding Indicator (8) on salt intake, derived from the WHO's global monitoring framework (GMF). Detailed definition, specification and data source of this key indicator are provided in **Section E**.

### Indicator (8): Salt intake

Various academic studies which were not commissioned by the Government and were conducted around 1995 and 2011 respectively indicated that the average daily sodium intake of adult population in Hong Kong then could be as high as 10 grams<sup>72</sup>.

According to the Department of Health (DH)'s Population Health Survey 2014/15 which for the first time studied the mean daily salt intake of people in Hong Kong based on sodium excretion measured from 24-hour urine collection, the age-standardised mean intake of salt among persons aged 18-84 years was 8.8 grams per day (Crude mean: 8.8 grams). The corresponding figures for male and female were 9.8 grams and 8.0 grams (Crude mean: 9.8 grams for male, 7.9 grams for female) respectively.

<sup>71</sup> For children, the recommended maximum level of intake of 2 g/day sodium in adults should be adjusted downwards based on the energy requirements of children relative to those of adults. (Source: [http://apps.who.int/iris/bitstream/10665/77985/1/9789241504836\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/77985/1/9789241504836_eng.pdf))

<sup>72</sup> Woo J. Nutrition and health issues in the general Hong Kong population. *Hong Kong Med J* 1998;4:383-8.

## C LOCAL TARGET

A 30% relative reduction in mean population daily intake of salt/sodium by 2025<sup>73</sup>.

## D ACTIONS TO ACHIEVE TARGET

### 1) Background of the Government initiatives to promote reduction of salt in food

- The Government has been promoting healthy diet all along, which is fundamental to reducing the salt intake of our population. To emphasise the importance of the task of reducing the salt (and sugar) intake of our population, the Government set up an advisory body - the Committee on Reduction of Salt and Sugar in Food (CRSS) - in March 2015 to make recommendations to the Secretary for Food and Health on the policy and work plans to reduce the intake of salt (and sugar) of the population. Also, the Government had appointed various renowned public health experts from the Mainland and overseas to advise on international experiences in promoting the reduction of salt (and sugar).
- It takes time for individuals to change their dietary habits. Having taken into account the circumstances of Hong Kong, both the Government and CRSS are adopting a step-by-step approach in achieving salt reduction. The first and foremost task is to promote a culture of low salt diet. It is imperative that individuals internalise the awareness of the adverse health effect of unhealthy diet into healthy dietary

habits and look for less salty food. Also, it is imperative that the food trade sees the business prospects, in addition to social responsibility, for product reformulation, change in recipe and product sourcing to respond to consumers' call for salt reduction.

### 2) Existing actions/interventions/programmes/policies

#### "Intervention at an early age"

- We believe that children who have picked up healthy dietary habit stand a higher chance of keeping that habit for life. Schools and family play a pivotal role in helping children to develop healthy dietary habit.
- DH has been promoting healthy dietary habits to children and parents through collaboration with pre-primary institutions and primary schools. Key initiatives include:-
  - (a) the "StartSmart@school.hk" Campaign which was launched in 2012 to promote healthy eating and physical activity among preschoolers at kindergartens and child care centres. In 2016/17 school year, DH strengthened the emphasis on salt (and sugar) reduction;
  - (b) the "EatSmart@school.hk" Campaign, with particular emphasis on salt (and sugar) reduction since the 2016/17 school year. Primary schools participating in the Campaign develop policies and implement measures on healthy lunches and snacks through home-school co-operation; and

<sup>73</sup> The WHO sets a voluntary global target of '30% relative reduction in mean population intake of salt/sodium by 2025'.

- (c) the “Salt Reduction Scheme for School Lunches” which was launched in September 2017. As at 1 March 2018, participating school lunch suppliers have committed to provide over 880 sodium-reduced lunch options for about 450 primary schools in the 2017/18 school year, with the average level of sodium reduction being 8%.

### “Enhancing transparency of information”

- There is a great variety of foods available in the market. Also, restaurants offer all sorts of dishes. It is not easy for consumers to identify low salt (and low sugar) products or relatively healthy dishes. Enhancing the transparency of information will help consumers make a healthier choice. Key initiatives include:-

- (a) the “Salt/Sugar” Label Scheme for Prepackaged Food Products which was launched in October 2017. Prepackaged food products that are in compliance with the definitions of “low salt”, “no salt”, “low sugar” and “no sugar” under the Food and Drugs (Composition and Labelling) Regulations (Cap. 132W) may display those eye-catching labels; and
- (b) the “Calorie” indication pilot scheme which was launched at the staff canteens of public hospitals since 2016. At present, more than 80% of the staff canteens of public hospitals have indicated the calorie counts of all dishes<sup>74</sup> on their menus.

### “Strengthening publicity and education”

Key initiatives include:-

- (a) the Centre for Food Safety (CFS)’s Facebook page on Hong Kong’s Action on Salt and Sugars Reduction which features Government’s initiatives and activities in reducing salt (and sugar) in food;
- (b) the Food and Health Bureau (FHB)’s HK\$4.5 million funding scheme to district/local community groups to organise activities at the community level, in collaboration with the 18 District Councils in Hong Kong (whose members are returned by popular elections);
- (c) DH’s “I’m So Smart” Community Health Promotion Programme which was launched in 2012 to mobilise community partners to promote healthy eating and physical activity in the community;
- (d) TV programmes, radio programmes and youtube videos;
- (e) CFS’s joint studies with the Consumer Council on the salt contents of Hong Kong’s popular food items;
- (f) DH’s “EatSmart@restaurant.hk” Campaign which was launched in 2008 to encourage and assist restaurants to provide dishes with more fruit and vegetables and less oil, salt and sugar. DH launched a free “EatSmart Restaurant” mobile application in 2015 to facilitate the public to locate the “EatSmart Restaurants”;

<sup>74</sup> Drinks, food products with soups and pop-up dishes are excluded.

- (g) CFS's "Reduce Salt, Sugar, Oil. We Do!" programme which was launched in 2014 calling for food premises to follow CFS's advice on reducing salt and sugar; and
- (h) publicity campaigns in any forms, including competitions for students.

### 3) **Specific actions/interventions/ programmes/policies to be introduced, enhanced or explored to achieve target by 2025**

- "Intervention at an early age", "enhancing transparency of information" and "strengthening publicity and education" are merely the first step of our efforts in reducing salt intake of our people. To bring Hong Kong closer to the voluntary target of a 30% reduction in salt intake, we need the support of the whole community to put belief into practice. This includes cooking and eating healthier at home, at schools, in restaurants, and at all time. Also, we need the support of the catering industry to prepare food with less salt and the food trade in sourcing more low salt products which there is no local production, and product reformulation for locally produced products.
- We have been discussing with the trade on product reformulation to reduce salt in food. Such work involves complicated factors including modification of formulation, production technologies, consumers' receptiveness, market demand and business considerations. This is a longer-term goal which will take more time to achieve concrete results. We will continue to strive for the goal.

Specific actions include:-

- Continue to further cultivate a culture of low-salt-and-sugar diet in the community along the three directions of "starting from an early age", "enhancing transparency of information", and "strengthening publicity and education" as the first steps recommended by CRSS. (FHB/DH/ Food and Environmental Hygiene Department (FEHD))
- Continue to implement the "Salt Reduction Scheme for School Lunches". The target is to cut down the average sodium level of primary school lunchbox to not more than 500 milligrams in 10 years by gradually lowering the sodium level of school lunches with an average reduction of 5 to 10% per year. (DH and Education Bureau (EDB))
- Continue to encourage and support preprimary institutions to adopt lower-salt and healthier ways of food preparation for young children. (DH and EDB)
- Step up public education and understanding of salt consumption on health, and provide useful tips to cut down on salt intake while cooking or eating out. (DH/FEHD)
- Encourage supplier-initiated food reformulation to reduce the salt content of food during cooking and in the manufacturing process. (FEHD)



## E DEFINITIONS AND SPECIFICATIONS OF LOCAL INDICATORS

***Key indicator*** (derived from the WHO's GMF<sup>75</sup>)

### **Indicator (8): Age-standardised mean intake of salt (sodium chloride) per day in grams among persons aged 18-84 years**

- Monitoring frequency: every 4-6 years
- Source: Population Health Survey, Department of Health
- Daily salt intake estimated by 24-hour urinary sodium excretion

<sup>75</sup> The WHO recommends an indicator for monitoring, namely:

- Indicator (8): Age-standardised mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years (Expected frequency: every 5 years)