

Progress on Salt Reduction in the Pacific Islands: From Strategies to Action



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Background

Most populations are consuming too much salt which is the main contributor of high blood pressure, a leading risk factor of cardiovascular disease and stroke. The South Pacific Office of the World Health Organization has been facilitating the development of salt reduction strategies in Pacific Island Countries and areas (PICs). The objective of this analysis was to review progress to date and identify regional actions needed to support PICs and ensure they achieve the global target to reduce population salt intake by 30% by 2025.

Methods

Relevant available national food, health and non-communicable disease (NCD) plans from all 22 PICs were reviewed. NCD co-ordinators provided updates and relayed experiences through semi-structured interviews. All activities were systematically categorised according to an existing salt reduction framework for the development of salt reduction strategies.

Results

Salt reduction consultations had been held in 14 countries and final strategies or action plans developed in nine of these, with drafts available in a further three. Three other countries had integrated salt reduction into NCD strategic plans. Baseline monitoring of salt intake had been undertaken in three countries, salt levels in foods in nine countries and salt knowledge, attitude and behaviour surveys in four countries. Most countries were at early stages of implementation and identified limited resources as a barrier to action. Planned salt reduction strategies included work with food industry or importers, implementing regional salt reduction targets, reducing salt levels in school and hospital meals, behaviour change campaigns, and monitoring and evaluation.

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Conclusions

There had been good progress on salt reduction planning in PICs. The need for increased capacity to effectively implement agreed activities, supported by regional standards and the establishment of improved monitoring systems, were identified as important steps to ensure the potential cardiovascular health benefits of salt reduction could be fully realised in the region.

Keywords

Salt • Sodium • Intervention • Cardiovascular disease • Non-communicable diseases • Pacific Islands

Background

Most populations are consuming too much salt which is a significant risk for ill-health. High salt intake is one of the main contributors to high blood pressure, which increases the risk of cardiovascular disease and stroke. Reducing salt intake has been identified as a cost-effective measure for improving population health, with the potential to save millions of lives worldwide each year [1–3]. Several countries, including Finland, the UK and France, have already demonstrated a fall in population salt intake [4]. The World Health Organization (WHO) encourages countries to reduce average salt intake to <5 g/day through the development and implementation of national strategies [5–8]. All countries signed up to the global target to reduce population salt intake by 30% by 2025 agreed at the World Health Assembly in 2013 [9]. Key characteristics of national strategies [8,10,11] include voluntary and mandatory policy interventions including working with the food industry to reduce the salt content of foods, changing consumer behaviour, establishing enabling environments for salt reduction through settings-based approaches and monitoring and evaluation.

A 2009 review of salt reduction initiatives in the Western Pacific Region (WPR) [8] revealed limited activity to reduce salt intakes in the region. Whilst a few Pacific Island countries (PICs) had advice to limit salt as part of dietary guidelines, there was no reliable data on salt intakes or sources of salt nor government targets or strategies to reduce salt consumption [8]. Pacific Island populations now suffer the twin problems of micronutrient deficiency and over-nutrition leading to chronic, non-communicable diseases (NCDs) such as diabetes, cardiovascular diseases, cancers and respiratory diseases [12]. Changes in diet including an increased reliance on processed foods are contributing to this increasing problem of NCDs [13–15]. The WHO's STEPwise approach to chronic disease risk factor surveillance (STEPS) surveys have shown very high levels of raised blood pressure in many PICs [16]. Reducing salt intakes in the region would reduce blood pressure saving thousands of lives every year [17].

This fact prompted the WHO's Division of Pacific Technical Support (DPS) for the South Pacific to promote the benefits of salt reduction to Pacific Island governments. At the Pacific Food Summit in Vanuatu in April 2010, there was discussion about the different approaches that PICs might take to reduce dietary salt [18]. The Fijian Health Minister immediately initiated a consultation and launched plans to reduce population salt intake in Fiji in August that year.

Subsequently, WHO DPS has been collaborating with the George Institute for Global Health to facilitate the development of salt reduction strategies throughout PICs.

There are 22 island countries and areas that make up the Pacific Island region, spread over an area of 30 million square kilometres, displaying extreme diversity in terms of physical geography, size, resource endowment, culture and social-political organisation [19]. And there are many unique and complex challenges associated with adapting strategies and actions that have been largely implemented in developed Western countries to this wide range of relatively small, dispersed and highly heterogeneous island nations. It is within this context that this paper reviews the progress to date and examines some of the challenges and opportunities facing these countries in their efforts to reduce salt intake.

Methods

This study reviews progress on salt reduction in PICs between June 2010 and September 2013. All documents relating to salt in the region were collated and reviewed, including reports of national consultations, salt action plans, Food Security plans and NCD Crisis Response plans. NCD co-ordinators were then contacted to provide updates and information on experiences through semi-structured interviews either face-to-face at the 4th and 5th Pacific NCD Forums in 2012 and 2013, or over the telephone. All activities were documented and systematically categorised according to a previously published framework for the development of salt reduction strategies [20]. This includes mobilisation, governance and strategy development; assessment of baseline measures and monitoring of progress; and program implementation. Experiences were collated by theme and country. Ethical approval was obtained from the University of Sydney Human Research Ethics Committee.

Results

Mobilisation, Governance and Strategy Development

Mobilisation

Salt reduction consultation meetings had been held in 14 PICs (Table 1). The first took place in Fiji, in June 2010, chaired by the Health Minister. In each country stakeholders were brought together to raise awareness about salt and ill health and to

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