



# Implementation of the **EU Salt Reduction Framework**

Results of Member States survey



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Framework**  
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# Preface



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*This report is an overview and synthesis of responses to a questionnaire sent to Member States in February 2010. The questionnaire sought to capture activities at national level from mid 2008 until the end of 2009 that had taken place within the context of the common European Union Framework on voluntary national salt initiatives (the 'Framework'). The survey is an informal tool to gather information and to enrich the discussion within the High Level Group on Nutrition and Physical Activity (the "High Level Group") on coordinating efforts to reduce salt intake among the European population. Responses were received from all 29 participating European countries, the 27 Member States of the European Union (EU) plus Norway and Switzerland.*

*The nutrient that should be reduced is sodium. As mostly sodium is consumed in the form of sodium chloride, which is salt, the High Level Group decided to communicate about 'salt' and not 'sodium', as this is also better understood by the public. This is why this report mostly refers to the term 'salt'. The amount of sodium is multiplied by the factor 2.5 to give the equivalent amount of salt.*

*This report does not prejudice or replace the report provided by the Council Conclusions of June 2010<sup>1</sup> which will be issued by the European Commission in the next year. The reporting period of the present document can be considered to cover the first two years of the Framework, i.e. 2008 and 2009.*

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<sup>1</sup> Employment, Social Policy, Health and Consumer Affairs Council: Conclusions on action to reduce population salt intake for better health. OJ (2010/C 305/04)

# Context

## EU strategy on nutrition, overweight and obesity related health issues

The Strategy for Europe on Nutrition, Overweight and Obesity related Health Issues, adopted in May 2007, sets out the Commission's priorities to address increasing trends in obesity and relevant health related issues. One of the key approaches in the area of nutrition, linked to the priority of making the healthy option available, is salt reformulation campaigns and other initiatives related to the nutrient composition of manufactured foods. The European Commission's Health and Consumers Directorate-General brought together a High Level Group of Member States, aimed at addressing a range of nutrition and physical activity related health topics through the exchange of good practice. On 7 December 2007, the Council of Ministers of the European Union welcomed the European Commission's proposed strategy to consider salt reduction as a first priority for discussion within the High Level Group. The High Level Group decided to focus on reformulation of salt as a first common area for initiatives and cooperation, based on the successful experiences in some Member States.

## European Union framework for national salt initiatives

Two salt expert workshops in January and June 2008 were held which resulted in the creation of a common European Union Framework on voluntary national salt initiatives. The Framework sets a benchmark of a minimum of 16 % salt reduction over 4 years for all food products, also encompassing salt consumed in restaurants and catering. The Framework was approved by the High Level Group in July 2008 with the understanding that participation is voluntary. Member States have the flexibility to decide on different benchmarks or timelines in order to tailor their initiatives to the national situation.

The overall goal of the Framework on salt reduction is to contribute towards meeting the World Health Organization (WHO) or national recommendations on salt intake. Five key elements of a comprehensive approach towards salt reduction were identified: data collection; setting of benchmarks and major food categories; reformulation by the industry; raising public awareness; monitoring and evaluation.

The Framework supports and reinforces national plans, enabling comparison of progress across the EU. The common approach delivers coherent and coordinated messages to the food industry about the importance of reformulation to reduce salt and it generates momentum and measurable action. Salt reduction is only one element of the broader efforts on reformulation designed to improve the nutritional quality of foods, such as reducing the content of total fat, saturated fatty acids, trans fatty acids or sugars.

In order to maximise the impact of salt reformulation, food manufacturers have been invited to prioritise products with the largest market share. Furthermore, efforts were to be designed for salt reformulation to take place across the full range of food products from premium to economy items so that all population groups can benefit.

## Implementation of the Framework

In September 2008, the European Commission invited the High Level Group members to inform on their ongoing or planned national salt reduction initiatives. All EU Member States, Norway and Switzerland responded to the questionnaire.

On 21 October 2009, the European Commission organised a seminar on salt reduction in bread including technical, taste and other parameters for healthy eating inviting national and EU level bakery associations. The International Federation of Plant Bakeries (AIBI) signalled that it is willing to be a partner in salt reduction initiatives.

Within the Salt Framework, it was agreed that at the end of 2009, participating Member States would provide a first evaluation and monitoring report to the Commission. In order to gather this information, the Health and Consumers Directorate-General sent out questionnaires in early 2010 to assess such data and information. The results of the survey are set out in this report.

# Relationship between salt intake and health issues

## Salt and health

Evidence suggests that current levels of sodium consumption in Europe contribute to increased blood pressure in the population, and a consequent higher risk of cardiovascular and renal disease<sup>1</sup>. There is a clear link between high sodium intake and high blood pressure; likewise there is conclusive scientific evidence showing that reduction of sodium consumption reduces blood pressure. The greatest number of deaths attributable to cardiovascular disease occurs in the upper range of the usual blood pressure, a level which would currently not be treated with drugs. According to Eurobarometer data published in 2007, the most common cause for respondents to be receiving long-term medical treatment is high blood pressure (hypertension). Over a third (36% EU-27) of respondents who are currently receiving long-term medical attention mentioned this as forming part of the basis or the sole reason for such care.

## Intake recommendations

The WHO recommends not more than 2 grams of sodium (5 grams of salt) per day. Ninety five percent of sodium is consumed in the form of salt. The current daily salt consumption in most European countries is estimated or measured to range between 8 to 12 grams per day, with few Member States above and few below this intake level.



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<sup>1</sup> European Food Safety Authority: Opinion of the Scientific Panel on Dietetic Products, Nutrition and Allergies related to the Tolerable Upper Intake Level of Sodium. The EFSA Journal (2005) 209, 1-26



# Progress since the adoption of the Salt Reduction Framework

## Participating countries

There has been an increase in the number of countries with salt reduction initiatives in place since the Framework was adopted. Today, a total of 29 European countries consisting in all EU Member States and Norway and Switzerland have salt reduction initiatives in place.

Many of the countries that had salt reduction initiatives in place even before the Framework indicated that the Framework has influenced their activities. Six countries (Belgium, Bulgaria, the Netherlands, Slovak Republic, Spain, and Switzerland) reported that whilst their existing approaches had not changed, the Framework had provided a model for the program and helped to support action. Three countries (Finland, Ireland, and Italy) said that the Framework had strengthened their approaches. Three countries (Denmark, Norway and Romania) said that it helped to increase dialogue with the food industry. Slovenia reported that it had broadened its approach as a result of the Framework and Sweden said that it had changed its targets in line with the EU targets. Portugal noted that the framework highlighted the need for close and sound monitoring and the importance of establishing clear targets.

## Changes of salt intake

Twelve countries stated that no data are available and 15 countries indicated that it was unknown whether salt consumption patterns had changed since they started to work on salt reduction and since they participated in the Framework. Four countries (Belgium, Italy, the Netherlands and Slovenia) said that monitoring was planned over the next three years. It is expected that in the next report data on intake trends will be available, at least for some EU Member States.

## Public awareness campaigns

Fifteen countries have developed public awareness campaigns on salt in their country since the adoption of the Framework. Five countries (Czech Republic, Finland, France, the Netherlands and Norway) reported that their consumer education on salt issues takes place as part of broader campaigns. Three countries (Hungary, Greece and Spain) said they were currently developing awareness raising campaigns and one country (Sweden) reported that it had held a stakeholder seminar on salt within a salt awareness week in 2009. Finland noted that raising public awareness on salt is for them a much broader issue than having campaigns. They work on structural changes to improve public awareness such as improving information via the educational system, labelling and the health care system, seeing such an approach as a more sustainable way of improving public awareness. Such an holistic approach is also followed by other countries.

Sweden, Denmark and Norway are all promoting the green keyhole labelling scheme and Denmark is running a parallel public awareness campaign to highlight the benefits of the scheme in stores. Malta and Bulgaria have both developed salt information campaigns and Latvia organised raising awareness about salt issues around World Hypertension Day. Cyprus has produced and disseminated a leaflet.

## Evaluations

Very few countries have undertaken definitive evaluations of the public awareness raising activities. The United Kingdom (the UK) has a wide ranging campaign and referred to the information on its web-site. Belgium and Slovenia reported that their multi-faceted campaigns are currently being evaluated. Ireland has run a series of public information campaigns in partnership with the Irish Heart Foundation but did not provide any details about evaluation. Portugal ran campaigns for several years with different intervals and target audiences. However, there is no evaluation of their impact.

# The current level of salt intake throughout the EU

## Salt intake

Estimates of salt consumption since the 1990s in nearly all countries show that intakes are too high with the majority ranging between 8 and 12 grams of salt per day (Table 1). Cyprus, Germany and Latvia have reported the lowest estimates of salt intakes – 5 grams, 6.6 grams and 7.1 grams respectively. Hungary has reported by far the highest estimate of salt intakes at 17.5 grams for men and 12.1 grams for women. Salt intakes are generally higher in men than in women. For adult men the salt intake range is 5 to 17.5 grams per day, while data is currently unavailable in three countries. For adult women the salt intake range is 5 to 14 grams per day, while data is currently unavailable also in three countries. The most striking example of this is in Poland where men's salt intakes (14.7 grams) are reported to be almost double women's salt intakes (8.6 grams).

## Data collection

The data reported by Member States has been collected between the 1990s through to 2009.

The main collection methods used are: collection of 24 hour urine samples, 24 hour dietary recall and dietary records. The collection of 24 hour urine samples provides accurate information on salt intake at population level but neither the origin of the salt nor the means to reduce it can be identified<sup>2</sup>. In order to identify the dietary sources of the salt being consumed, several other tools need to be used, including evaluation of dietary intake (foods consumed, amounts and frequency of consumption), measurement of salt content in foods and assessment of salt added during cooking or at table. The 24 hour recall is an in-depth interview that collects detailed information on all foods and beverages consumed by a participant during the previous 24 hours and is understood to be less accurate than 24 hour urinary collection, because it usually underestimates salt intakes. Also, dietary records are understood to provide less accurate information about the salt intake of populations.

Only three countries had average estimates of around 7 grams or less (Cyprus, Germany, Latvia) and all of these were estimated with dietary studies and not with urinary sodium collections for 24 hours. The three countries with the highest estimates of salt intakes (Hungary, Bulgaria and Czech Republic) were estimated using a 3 day dietary record method, a dietary recall method. Most of the countries had average estimates of between 8 and 12 grams of salt and the most frequently used assessment method of these was urinary analysis. Slovenia and Portugal reported considerably higher estimates (12.4 grams and 12.3 grams, respectively) using urinary analysis.

Sample sizes range from 150 to 16 371 study participants.

<sup>2</sup> World Health Organization: Strategies to monitor and evaluate population sodium consumption and sources of sodium in the diet, report of a joint technical meeting convened by WHO and the Government of Canada, October 2011

**Table 1**  
**Estimates of salt intakes and measurement method**

Country	Adult men	Adult women	Year	Collection method(s)	Sample size
Austria	9 g/day	8 g/day	2007	3 day dietary record, 24 hour dietary recall	3000
Belgium	10.45 g/day	10.45 g/day	2009	urinary sodium for 24 hour collections	280
Bulgaria	12.5-14.5 g/day	11.4 – 16.6 g/day	2004	24 hour dietary recall	2282
Cyprus	Approx. 5 g (2 g of sodium)	Approx. 5 g (2 g of sodium)	2005-8	24 hour dietary recall	1001
Czech Republic	16.6 g/day	10.5 g/day	2003/4	Repeated 24 hour dietary recall	2590
Denmark	Approx 9.5 g (3.9 g of sodium)	Approx 7.5 g (2.9 g of sodium)	2003-8	dietary record, questionnaire	4431
Estonia	Approx. 10 g	Approx. 10 g	1997	self reported data	Ca. 1000
Finland	9.3 g/day	6.8 g/day	2007	24 hour dietary recall (underreporters excluded)	2039
France	9.6 g/day	7.3 g/day	2006/7	7 day dietary record (1g was added for salting at meals)	2646
Germany	7.35 g/day	5.94 g/day	2007/8	dishes (dietary history interview over 4 weeks retrospective), dietary record	16371
Greece	currently unavailable	currently unavailable	-	-	-
Hungary	17.5 g/day	12.1 g/day	2009	national survey, 3 day dietary record	1131
Ireland	8.7 g/day	8 g/day	2007	food frequency questionnaire	10364
Italy	11.2 g/day (191 mmol/d)	9.4 g/day (160 mmol/d)	1990	urinary sodium for 24 hour collections	149
Latvia	7.1 g/day	7.1 g/day	2007-9	24 hour dietary recall, food frequency questionnaire	2000
Lithuania	13.5 g/day (5.4 g of sodium)	10.5 g/day (4.2 g of sodium)	1997/8	24 hour dietary recall	3000
Luxembourg	Currently unavailable	Currently unavailable	2007/8	food frequency questionnaire	1432
Malta	Currently unavailable	Currently unavailable	-	-	-
The Netherlands	9.7 – 10.1 g/day	7.5 – 8.6 g/day	2006	urinary sodium for 24 hour collections, or food consumption data	333
Norway	9-10 g/day	8 g/day	2006	urinary sodium for 24 hour collections	208
Poland	14.7 g/day	8.6 g/day	2008	household budget survey	4134
Portugal	12.3 g/day estimate	12.3 g/day estimate	2006	urinary sodium for 24 hour collections	426, probably not representative
Romania	12.5 g/d	10.2 g/d	since 2010	7 day dietary record in national survey	577
Slovak Republic	9.614 – 9.807 g/day	7.024 – 7.209 g/day	2009	24 hour dietary recall and food frequency questionnaire	2880
Slovenia	12.4 g/day	12.4 g/day	2007	urinary sodium for 24 hour collections	600
Spain	11.5 g/day	8.4 g/day	2009	urinary sodium for 24 hour collections	418
Sweden	9 g/day	7 g/day	1997/8	7 day dietary record in national survey	1215
Switzerland	10.6 g/day	8.1 g/day	2004	assessment of dietary salt intake from food items, urinary sodium for 24 hour collections	13355 (urine samples from 100)
The United Kingdom	9.7 g/day	7.7 g/day	2008	urinary sodium for 24 hour collections, food consumption survey	692

# Working with economic operators

## Negotiations with industry

Most of the countries (25) reported that they have had negotiations with food business operators or representative sectorial associations. Three countries did not respond. Only two countries (Slovak Republic and Spain) reported that they had not had “negotiations” with food business operators or representative sectorial associations although they indicated that there had been discussions and dialogue. Spain said that it had not yet started and the Slovak Republic said that companies were already taking action voluntarily. Out of the countries that were negotiating with food businesses, eight specified that they were in dialogue through representative sectorial associations. One country (Poland) said that it had issued a questionnaire to food companies to find out more about issues relating to salt use in foods. The UK was the only country that had reported systematically engaging with and tracking the actions of individual companies through commitments and action plans. Finland noted that working with industry involves activities that go beyond public private partnerships.



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## Industry engagement

There was a mixed response about the willingness of food business operators to engage. Most countries reported that food producers were willing to engage but cited a range of potential barriers including:

- Preference for a pan-European wide approach (Belgium)
- As long as it does not affect the final product (Cyprus)
- Need time to explore technical solutions (Denmark, Italy, Romania)
- Provided they can promote their efforts in marketing (Finland)
- Some sectors more on board than others (the Netherlands)

A number of countries reported some reluctance by economic operators to engage:

- Do not seem very cooperative (Hungary, Estonia)
- No experience of self-regulation (Latvia).

Five countries (Belgium, Bulgaria, the Netherlands, Norway, the UK) reported that they were working with all sectors of the food industry and four countries (Finland, Hungary, Poland, Estonia) stated they were working through trade associations but did not specify the sector or food category. Four countries (Austria, Luxembourg, Romania, Slovenia) noted that they were working on bread and meat and one other, differing product. Four countries (Cyprus, Italy, Malta, Switzerland) stated that they were focusing mainly on bread. Latvia said it was targeting bread, cheese, meat, fish and snack foods. Portugal had negotiations mostly with bakery associations who are very progressive and active in the salt reduction process, the other sectors of the industry are much less active, but catering companies are starting to create programmes to decrease salt in their meals. The remaining countries did not specify what they were focusing on.

## Concrete Agreements

Out of the countries that had had negotiations with food companies, 13 reported that they had reached concrete agreements whilst 10 had not. It is unknown whether the remaining countries reached agreements with their food sectors.

Five countries had specific quantifiable commitments to reductions in any product categories

- A 10% reduction of salt intake in our population by 2012 (reformulation + change in food habits) (Belgium)
- Gradual reduction of sodium levels in dried soups and sauces to 50% of the Guideline Daily Amounts i.e. 1.2 grams of sodium or less (Czech Republic)
- Average 12% reduction across all product categories (the Netherlands)
- Salt in bakery products to be reduced by 4% a year (Slovenia)
- Work towards the Agency's targets on a case by case basis (UK)

Several countries reported that they had achieved formal agreements to collaborate but these were not quantifiable. These included:

- The formal commitment for collaboration towards reformulation of dairy products was signed between Association of Milk Products Producers and Bulgarian Federation of Dairy Products, and Coordination Committee of the Food and Nutrition Action Plan. (Bulgaria)
- Dialogue continues and there is hope to reach concrete agreements (Denmark)

- 15 charters have been signed with 10 brands in the food industry (France)
- Voluntary agreements with the association of craft bakers to reduce salt content in some of their products (Italy)
- Significant progress achieved with salt free and low salt bread (Malta)
- The Ministry of Health and Romalimenta are in the process of signing an agreement for the reformulation of foods for salt (Romania)
- The big food manufacturers and retailers made commitments in line with the EU Framework (Switzerland)
- At the end of 2009, 26 of the major food industries in Portugal took the commitment to reformulate the composition of their products and be evaluated until the end of 2011 (Portugal).

Of the countries that responded in the negative about an agreement with industry, Finland pointed out that the EU Regulation No. (EC) 1924/2006 on nutrition and health claims made on foods had forced the repeal of their national legislation on “low salt” labelling that had set different limits for specific groups of food products which were not as strict as the criteria in the EU Regulation. It noted that the current requirements for labelling of “low salt” are too low for most foodstuffs and is therefore unlikely to lead to much development in low salt categories of products. Another respondent pointed out that whilst no formal agreements have been reached, the food operators have agreed to work on the issue (Latvia).

## Endorsement of Framework’s Vision

Some countries achieved broad endorsements of the vision of the framework by food business operators or representative sectorial associations, these included:

- A number of the large dairy, meat and bread sectors support salt reduction initiatives and are increasing the number of products on the market with low salt content (Bulgaria);
- Food business operators and their representative federations agreed on the importance of salt intake reduction,

they also expressed their willingness to participate in that initiative (Poland and the UK);

- Negotiations with all sectors of the food industry are a continuous process throughout the Agency’s work on salt reduction which started in 2003 (Switzerland).

Sixteen countries indicated that they did not achieve broad endorsement of the vision of the framework by economic operators or representative federations; however some progress was reported:

- Media attention on the activities promoted by the Ministry for the reduction of salt and prevention of hypertension (Italy);
- A survey on salt levels in bread was carried out in 2009 which will inform an agreement for a coordinated action on the reduction of salt levels in bread (Malta);
- The vision of the framework largely reflects the salt approach of the national nutrition policy (the Netherlands);
- The vision is agreed with the Chamber of Commerce and Industry but broad endorsement is a challenge for the implementation of the national salt action plan (Slovenia).

There is no data from six countries on whether they achieved broad endorsement of the vision of the framework by food business operators or representative sectorial associations.

Those countries which indicated that they had made progress in getting food business operators to endorse the vision had been working with them over the past 5 to 10 years (Ireland, Norway, Switzerland and the UK).

Belgium reported that they expect to have achieved a broad endorsement of the vision of the Framework by the end of 2012.

Portugal reported that in 2009 a law to reduce salt in bread was published.

*The experience in Ireland provides an example of how the food industry has supported the national salt reduction campaign which has been running since 2004:*

- A total of 63 food companies and trade associations are participating and have made written commitments to reduce salt and report on their progress annually.
- All the major retailers and symbol groups have reported that salt is being removed from their own brand products.
- The catering trade and their representative bodies continue to promote salt reduction initiatives
- The Irish Hotels Federation launched a ‘Food for Kids’ initiative in July 2008. Some 250 hotels joined this initiative and committed to not adding salt to children’s food at preparation, cooking or serving stages.
- The Irish Dairy Industries Association has undertaken to reduce salt in spread and butter by 2010 by 10% and 5% respectively.
- Major high street restaurant chains have all reported removal of more salt from products.

# Monitoring approaches

Fifteen countries indicated that they had a monitoring approach in place but 12 countries indicated that they did not. The remaining two countries did not specify either way. Of those countries which have monitoring in place only four countries (Belgium, Ireland, the Netherlands, the UK) specified that they would be undertaking analysis of 24 hour urine collections.

Different approaches to monitoring included:

- 24 hour urine and food basket (Belgium)
- Dietary Surveys (Bulgaria/Romania)
- Salt levels in foods (Denmark/France/Romania)
- Sodium excretion (but method of measurement not specified) Germany
- Salt levels in foods, salt intakes, catering (Hungary and the UK)
- Household Budget Survey (Poland).

The UK Food Standards Agency reported that reductions had been achieved and pointed to the information on its web-site. Belgium attached a report on 24 hour urinary analysis and test after the salt campaign. Bulgaria noted that repeated surveys revealed that salt consumption levels were too high – 2 to 3 times the upper recommended limit. Portugal noted that monitoring was undertaken in the centre of the country and for the bakery sector, for bread, only.

Austria, Germany, Ireland, Slovenia, Sweden and Switzerland all indicated that they would have new results from monitoring activities in 2010, Finland in 2012. The Netherlands said a monitoring report of the task force would be available in 2010 and results of 24 hour urinary analysis and dietary surveys would be available in 2011. Italy said first results would be available spring 2011.

Four countries (Lithuania, Luxembourg, Malta and Spain) said that monitoring was planned in the future.



# Delays in implementation



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The Framework was agreed in July 2008 and Member States were expected to start implementation in 2009. However the survey revealed that the agreed timetable has slipped in some countries due to a number of reasons:

**Economic crisis** – e.g. survey postponed in Bulgaria, salt not a priority for the Governments in Latvia and Slovenia, action plans and projects were delayed due to major cutbacks in the public sector in Greece.

**Uncertainty in funding** – e.g. follow-up studies planned in Denmark but dependent on funding.

**Small national capacity** – e.g. Malta decided to focus just on bread.

**Lack of self-regulation culture** and hence understanding – mentioned by Latvia.

**Technical difficulties of achieving salt reduction** – e.g. mentioned by Poland, the Netherlands.

**Pandemic flu** – delayed a public awareness campaign in Slovenia.

**Time** – takes time to explore possibilities and technical solutions e.g. mentioned in Denmark, Italy.

# Conclusions

The reduction of salt intake in populations is a slow process as technological barriers and food safety concerns need to be addressed. Ensuring consumer acceptance by allowing for the necessary taste adaptation over time is important. This report illustrates the first steps taken towards reducing the excessive salt intake across the EU, one element for improving the diet and promoting the health of Europeans.

While the economic crisis in Europe may have an impact on the funding available for public health programs, European as well as global developments since the adoption of the framework are expected to increase the momentum for salt reduction initiatives.

On 8 June 2010, the Employment, Social Policy, Health and Consumer Affairs Council adopted conclusions on action to reduce population salt intake for better health<sup>1</sup>. The Council Conclusions set out the political commitment by Ministers to the shared objectives and goals of the EU Salt Framework and gave added momentum to implementation efforts. The Conclusions welcomed the work of the High Level Group chaired by the European Commission since 2008 on the Framework and confirmed the need for ongoing monitoring to measure progress. Following the mandate of the Council, the Commission will publish the next report, an analysis of the situation and actions taken in the EU and its Member States in 2012.

What this interim report shows already is that the EU salt framework has been a catalyst for action by a number of Member States with new initiatives introduced across the EU. The countries that have been working on salt reduction for a number of years were the most likely to report specific actions on salt reduction and reported that the Framework supported their action, strengthened or broadened the approach or helped to increase dialogue with industry. Many countries have started awareness raising actions. Work in the coming years should focus on increasing the number of quantifiable commitments to reductions from the food industry and on installing adequate monitoring programs in Member States. The European Commission will continue through the supporting mechanism of the High Level Group<sup>2</sup> and the EU Platform for Action on Diet, Physical Activity and Health<sup>3</sup> to secure quantifiable commitments from the food industry and ensure that effective mechanisms for monitoring salt reduction programs are in place.

This work should be further enhanced by the political momentum created in September 2011 when the United Nations General Assembly adopted by consensus the resolution on a Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. Heads of State and Government and representatives of States and Governments, assembled at this United Nations meeting committed to work towards reducing the use of salt in the food industry in order to lower sodium consumption. The European Commission will continue its work to ensure the EU's contribution in this respect.

1 OJ (2010/C 305/04)

2 [http://ec.europa.eu/health/nutrition\\_physical\\_activity/high\\_level\\_group/index\\_en.htm](http://ec.europa.eu/health/nutrition_physical_activity/high_level_group/index_en.htm)

3 [http://ec.europa.eu/health/nutrition\\_physical\\_activity/platform/index\\_en.htm](http://ec.europa.eu/health/nutrition_physical_activity/platform/index_en.htm)



## More detailed information about individual national salt reduction initiatives:

### Belgium:



[www.stophetzout.be](http://www.stophetzout.be) (NL)  
[www.stoplesel.be](http://www.stoplesel.be) (FR)

This salt campaign was part of the National Food and Health Plan:

[www.monplannutrition.be](http://www.monplannutrition.be) (FR)  
[www.mijnvoedingsplan.be](http://www.mijnvoedingsplan.be) (NL).

### Estonia:

<http://www.toitumine.ee/kampaania/sool/>

### Finland:

No special website, salt reduction is part of the overall nutrition and reformulation strategy:

Nutrition recommendations and actions, including guidelines salt and recent seminar on salt can be found on National Nutrition Council pages: <http://www.ravitsemusneuvottelukunta.fi/portal/fi/>

Government resolution on health enhancing physical activity and nutrition:

[http://www.stm.fi/julkaisut/esitteita-sarja/nayta/\\_julkaisu/1069549#en](http://www.stm.fi/julkaisut/esitteita-sarja/nayta/_julkaisu/1069549#en)

Better Choice -Health Symbol for packed products, including salt limits for different product groups:

[http://www.sydanmerkki.fi/sydanmerkki\\_tuotteet/etusivu/fi\\_FI/englanniksi/](http://www.sydanmerkki.fi/sydanmerkki_tuotteet/etusivu/fi_FI/englanniksi/)

Information about Better Choice -Health Symbol for meals, including salt limits for different meal components:

[http://www.sydanmerkki.fi/sydanmerkki\\_ateria/etusivu/fi\\_FI/englanniksi/](http://www.sydanmerkki.fi/sydanmerkki_ateria/etusivu/fi_FI/englanniksi/)

### Hungary:

Hungarian „Stop Salt!” salt reduction program:

[http://www.oeti.hu/download/national\\_salt\\_reduction\\_programme\\_-\\_english\\_summary.pdf](http://www.oeti.hu/download/national_salt_reduction_programme_-_english_summary.pdf)

and

<http://www.stopso.eu>

### Luxembourg:

Information about the national plan « Nutrition and physical activity »:



<http://www.sante.public.lu/fr/rester-bonne-sante/040-alimentation/index.html>

### Poland:

Link to Institute with information on salt reduction among other information on issues related to food, nutrition and health:

[izz.waw.pl](http://www.izz.waw.pl)

### Romania:

On the Ministry of Health website in the menu “Nutrition” information about the initiatives in this field, including the salt initiatives, are given:

<http://www.ms.ro/?pag=184> .

### Slovenia:



<http://www.nesoli.si/>

### Spain:



<http://www.naos.aesan.msp.es/>  
<http://www.plancuidatemas.es/>  
 Plan-Cuidate-Mas.htm

### Sweden:

<http://www.slv.se/sv/grupp1/Mat-och-naring/Kostrad/Rad-om-salt/>

### Norway:

Information about our dietary guidelines:

[www.helsedirektoratet.no](http://www.helsedirektoratet.no)

### Switzerland:

Salt strategy:

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