



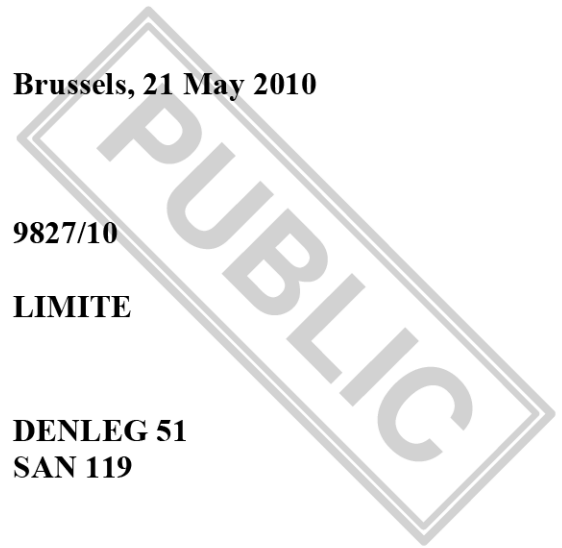
**COUNCIL OF
THE EUROPEAN UNION**

Brussels, 21 May 2010

9827/10

LIMITE

**DENLEG 51
SAN 119**



NOTE

from:	Permanent Representatives Committee (Part I)
to:	Council
Subject:	Council conclusions on "Action to reduce population salt intake for better health" <i>- Adoption of the conclusions</i>

1. At its meeting of 19 May 2010, the Permanent Representatives Committee examined the conclusions set out in the Annex.

The Swedish delegation introduced a reservation on the conclusions. The Danish delegation introduced a Parliamentary scrutiny reservation.

2. The Council is invited to adopt the conclusions as set out in the Annex, subject to the withdrawal of the reservations mentioned in paragraph 1.

COUNCIL CONCLUSIONS
ON ACTION TO REDUCE POPULATION SALT INTAKE FOR BETTER HEALTH

THE COUNCIL OF THE EUROPEAN UNION

1. RECALLS

- a) Article 168 of the Treaty on the Functioning of the European Union (EU)¹, which states that a high level of human health protection shall be ensured in the definition and implementation of all EU policies and activities and provides that EU action shall complement national policies and be directed towards improving public health, preventing human illness and diseases, and obviating sources of danger to human health,
- b) the European Parliament Resolution of 12 July 2007 on action to tackle cardiovascular disease², which calls on the Member States to further develop their action plans on lifestyle-related health determinants in order to promote healthy lifestyles, and on the Commission to encourage initiatives and collaboration with interested stakeholders that aim to promote better cardiovascular health through an improved diet and physical activity as a means of preventing obesity and high blood pressure and their related complications,
- c) the World Health Organization (WHO)'s 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases³, which calls for a reduction in the level of exposure of individuals and populations to the common modifiable risk factors for non-communicable diseases and their determinants, while at the same time aiming at strengthening the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster good health,

¹ OJ C 115, 9.5.2008, p.47.

² <http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P6-TA-2007-0346&language=EN&ring=B6-2007-0277>

³ <http://www.who.int/nmh/publications/9789241597418/en/>

- d) the Council Conclusions of 6 December 2007⁴ on the Commission White Paper on a strategy for Europe on nutrition, overweight and obesity related health issues, which sets out an integrated EU approach to contribute to reducing ill health due to poor nutrition, overweight and obesity; these Council Conclusions welcomed the proposal in the White Paper for Member States to consider salt reduction as a first priority for discussion within the Commission's High Level Group on nutrition and physical activity (High Level Group) and called upon Member States to support activities aimed at reformulating foods to reduce levels of salt, saturated fat, "trans" fatty acids, added sugar and energy density, given the role these elements play in the development of non-communicable diseases, overweight and obesity,
- e) the WHO forum and technical meeting on reducing salt intake in populations, which took place in Paris from 5 to 7 October 2006⁵, where the link between excessive salt consumption and health was reviewed and recommendations were given to the Member States and other stakeholders on how to reduce the salt intake in populations with the long-term goal of preventing non-communicable diseases,
- f) the scientific opinions of the European Food Safety Authority, which state that most Europeans' daily intake of sodium (3-5 g sodium, about 8-11 g salt) far exceeds the daily recommended intake and that the main source of sodium in the diet is processed foods with about 70-75 % of the total intake⁶;

⁴ 15612/07.

⁵ http://www.who.int/dietphysicalactivity/reducingsaltintake_EN.pdf

⁶ Scientific Opinions of the Panel on Dietetic Products, Nutrition and Allergies on requests from the Commission related to

a) the Tolerable Upper Intake Level of Sodium (adopted on 21 April 2005).

http://www.efsa.europa.eu/en/scdocs/doc/nda_opinion_ej209_sodium_v2_en1,5.pdf

b) the review of labelling reference intake values for selected nutritional elements (adopted on 13 March 2009).

http://www.efsa.europa.eu/en/scdocs/doc/nda_op_ej1008_labelling_reference_intake_values_en.pdf

2. CONSIDERS

- a) that, according to the European Cardiovascular Disease Statistics of 2008⁷, cardiovascular disease causes nearly half of all deaths, namely 42 %, in the EU, accounting for over 2.0 million deaths, and that the total cost of cardiovascular diseases reached EUR 192 billion in the EU in 2006; around 57 % of this total was due to health care costs, 21 % to productivity losses and 22 % to informal care of people with cardiovascular diseases,
- b) that, according to WHO estimates, high systolic blood pressure is a cause of death from cardiovascular diseases, responsible for 51% of strokes and 45 % of deaths from ischemic heart diseases⁸,
- c) that the changing demographic structure of the EU requires that people work longer while debilitation arising from high blood pressure and cardiovascular diseases have a negative effect on the labour market⁹,
- d) that there is strong scientific evidence that the current high consumption of salt throughout Europe is a major factor increasing blood pressure and thereby cardiovascular diseases, and may also have direct harmful effects, apart from its effect on blood pressure, increasing the risk of stroke, left ventricular hypertrophy and renal disease¹⁰,
- e) that tangible and coordinated measures, as raising public awareness of the problem and reducing the content of salt in foods, are required to address the challenge,

⁷ European Cardiovascular Disease Statistics, 2008 edition. European Heart Network.

⁸ Global Health risks, Mortality and burden of disease attributable to selected major risk. WHO 2009. http://whqlibdoc.who.int/publications/2009/9789241563871_eng.pdf

⁹ Kanavos P, Östergren J, Weber MA et al. High blood pressure and health policy. New York: Ruder Finn, Inc., 2007.

¹⁰ FJ He and GA Mac Gregor. A comprehensive review on salt and health and current experiences of worldwide salt reduction programmes. Journal of Human Hypertension (2009) 23, 363-384.

- f) that monitoring progress on a long-term basis is essential, as the outcomes in terms of reduced salt intake and the related disease burden will take time to manifest themselves;
3. POINTS OUT that a comprehensive approach is required to address the challenge, which should include national data on current salt consumption, actions to raise public awareness, activities on reformulation to reduce the salt level of foods and a monitoring and evaluation process;
 4. WELCOMES activities and progress made in the first two years of work of the High Level Group, ensuring the exchange of information on policy initiatives and developing coordinated actions;
 5. WELCOMES the fact that a voluntary European framework for national salt initiatives¹¹ has been developed to support and reinforce national action plans in order to implement national or WHO recommendations;
 6. WELCOMES the reformulation actions already taken by Member States and the support given to these actions by the food producers, retailers, restaurants and caterers, bearing in mind that processed foods account for around 70-75 % of total salt intake;
 7. SUPPORTS the ambition agreed in the High Level Group to reduce the salt level of foods;
 8. STRESSES that there is a need to ensure that national approaches on salt reduction are tailored to reach all socioeconomic groups of society including foods in all price ranges;
 9. POINTS OUT that there is a need to consider the transnational dimension of salt reformulation activities and the role that existing multi-stakeholder fora, like the EU Platform for Action on Diet, Physical Activity and Health¹², may play in this approach;

¹¹ http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/documents/salt_initiative.pdf

¹² http://ec.europa.eu/health/ph_determinants/life_style/nutrition/platform/platform_en.htm

10. STRESSES the important role of food labelling as a means of providing visible, clear and easily understandable information for consumers, enabling them to choose products with less salt. On this issue, considers that the High Level Group has decided to use the term 'salt' rather than 'sodium', which is the actual target nutrient of the initiatives, as the term 'salt' is better understood and is the major form in which sodium is added to foods;
11. STRESSES the need to monitor activities on product reformulation, on raising public awareness and on the salt intake of the population in order to enable a regular evaluation and to review policies and actions and for the dissemination of findings to a wide audience;
12. WELCOMES the work of the European Salt Action Network, which was set up by the United Kingdom following calls by the WHO for Member State networks to be established to provide opportunities for the exchange of information and guidance and technical expertise on the different aspects of salt reduction strategies;
13. CALLS UPON the Member States to strengthen or develop, if not already implemented, coordinated and sustainable national nutritional policies, including salt reduction programmes, to reduce salt consumption to an appropriate level, including:
 - a) establishing realistic goals and objectives, according to the salt intake level of the population at the moment of conceiving the policies, and feasible timeframes for accomplishing these goals,
 - b) raising public awareness about the health benefits of consuming appropriate levels of salt and the actions that can be taken to reduce intake, and encouraging health professionals to provide information on the need for salt reduction in diet,
 - c) encouraging food producers and providers to enhance reformulation actions to achieve the highest possible reduction in salt content of foods and meals on the market,
 - d) collecting relevant and comparable information on population salt intake and salt levels in the major food contributors to the national diet, in order to monitor and evaluate the progress of national salt reduction policies,

- e) providing their support to the EU framework for national salt initiatives to reduce salt intake;

14. CALLS ON the Commission

- a) to continue its systematic approach to tackle high salt consumption at European level by the implementation of the EU framework on salt reduction, taking into account the work of relevant international organisations, especially the WHO,
- b) to provide continuing strong support for Member States' efforts to strengthen, sustain or develop national initiatives aimed at achieving appropriate salt consumption levels,
- c) to regularly identify with the Member States the lowest salt levels currently being achieved at EU level in the different food categories and sub-categories that commonly represent major sources of salt in average diets, as a tool to identify what is technically feasible in each category,
- d) to support food reformulation activities undertaken by the Member States and food producers and providers, and to explore and identify mechanisms and tools that will encourage the food industry to maintain progress on reducing the levels of salt in foods,
- e) to strengthen collaboration with interested stakeholders within the EU Platform for Action on Diet, Physical Activity and Health, especially to promote reformulation actions to reduce salt level in foods,

- f) to regularly report on the progress of the Commission activities to implement the EU framework on salt reduction. Progress reports should include the outcomes of discussions and meetings held with companies which trade across national borders or European trade bodies/sectors and an assessment of the response from different stakeholders that have been involved. Progress reports should also include an assessment of the impact of EU activities and the impact of activities reported by individual Member States,
 - g) to analyse the situation and actions taken in the EU and its Member States and report the findings in 2012.
-