REPORT ON THE THIRD AND FINAL EXPERT STAKEHOLDERS' GROUP LINKS GRANT HIGH LEVEL SALT REDUCTION MEETING

Date: 13 May 2022, 10h30-13h00

Venue: In person (Intercontinental, ORT) and virtual

Host: Heart and Stroke Foundation, South Africa (HSFSA)

Report by: Marieke Loubser, BSc Med Hons in Nutrition and Dietetics (UCT)

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1. EXECUTIVE SUMMARY

High sodium intake, mediated through raised blood pressure, accounts for a sizeable burden of disease in South Africa. Hence, the target to reduce sodium intake remains a high priority. In addressing the high burden of NCDs, particularly hypertension, a multi-sectoral approach is essential to ensure a healthier food supply in South Africa. The monitoring of the salt content of processed foods against mandated salt targets remains a challenge in assessing the compliance of the food industry to salt reduction regulations in South Africa.

The overarching purpose of this, the last in a series of *Expert Stakeholders Group LINKS Grant High Level Salt Reduction* meetings, is to establish a mechanism for the monitoring and surveillance of South Africa's sodium reduction legislation, to provide a guideline as to what the indicators should be, and subsequently, to identify the roles and responsibilities related thereto.

South Africa leads globally in mandating and implementing sodium reduction legislation. The success of the food industry to meet almost all of the mandated targets has been demonstrated, and the reduction of salt intake in the South African population is evident. It is not clear however, which government agency or department will be responsible for the future monitoring and evaluation of the sodium reduction in the food supply. South Africa's National Department of Health's pending Non-Communicable Disease (NCD) strategy needs to include salt reduction as a key best-buy for disease prevention, especially with regard to prevention and management of hypertension, stroke and renal disease.

Given that the double-burden of disease in South Africa is the result of unhealthy dietary patterns, (which are influenced by the food environment through consumer choice), the focus of interventions aimed at addressing unhealthy dietary patterns needs to be on changes to the food environment, instead of relying solely on individual behaviours. Current suggested actions for addressing food environments and consumer choice include: price subsidies; taxation; enhanced nutrition education at the population level; and promotion of Indigenous or underutilised crops and traditional food culture. Changing the food environment is also critical in enabling healthier food choices. The availability and use of *FoodSwitch* in monitoring the food system enables better understanding of the food environment and further allows industry to

reformulate their products to be healthier, enabling individuals to make healthier food choices. In addition, health campaigns are powerful as part of a multi-pronged approach to sodium reduction strategies. The effectiveness of campaigns needs to be measured in conjunction with other strategies for public health outcomes at the population level. Funding for such activities, however, remains a hurdle due to the high cost involved in such campaigns.

The *Sodium Reduction Programme Checklist and Monitoring Framework,* developed by Professor Norm Campbell for LINKS, is the framework used to guide the monitoring and evaluation of South Africa's salt legislation. The current focus is on **surveillance**. The Salt Indicators Checklist includes:

Develop Surveillance, Monitoring and Evaluation Plan

- Establish mean daily sodium intake
- Establish the main sources of daily sodium
- Identify the sodium content of key packaged food categories
- Establish the levels of iodine fortification and intake
- Assess public knowledge, attitudes and practice (KAP)
- Innovative methods: household budget surveys to assess sodium intake and sources

- Collect Sodium Indicator data
- Programme Transparency and Accountability.

The goalpost for the 3rd stakeholder meeting discussion is to populate these categories within the framework, which will direct and inform subsequent actions in the monitoring and surveillance of South Africa's salt legislation. The routine data sources available for use in monitoring salt intake in South Africa are also presented in this report.

Concerns around monitoring the degree of compliance include:

- Capacity within Food Control and the Nutrition Directorate, to handle complex legislative issues;
- A dedicated food legislation enforcement and monitoring function within government;
- Constitutional issues regarding an enhanced enforcement of food legislation.

It was suggested that, in the short term, the only option would be to rely on self-monitoring, whilst remaining cognisant of the challenges within small and medium enterprises, which is for most part unregulated, and hence, legislative compliance is questionable.

The reduced sugar health promotion intervention has been demonstrated to be successful, and the prevention work undertaken on both sodium and sugar intake have resulted in a reduced rate of obesity and hypertension. Both remain important issues for the health of South Africans. Data on the burden of disease and the cost of hypertension and obesity to the country, together with translating data around sodium intake in terms of its economic aspects, may prove beneficial in the motivation for funding for the monitoring and surveillance of the sodium legislation in SA.

With the National Strategic Plan (NSP) for NCD's being approved, there is hope that NCD's will be integrated into existing surveillance systems, with talk of dedicated units within government for surveillance and enforcement. Once the NSP becomes public, the thinking around what the NSP specifies, can be consolidated (more specifically, focus on salt legislation).

Current recommendations to direct and inform the monitoring and surveillance of South Africa's salt legislation include:

- As per Goal 5 of the NSP, to push for the integration of NCDs into existing surveillance systems, so that programmes can be streamlined to enhance effectiveness and prevent service duplication;
- Researchers to continue to put out evidence to inform government and develop evidence-based strategies;
- In motivating for funding, to present to government, sodium intake data in terms of its economic aspects;
- NDOH to intensify campaigns targeting sodium reduction messaging at population level;
- Until a formal body responsible for monitoring food legislation is identified, to work *with* industry to implement a self-monitoring strategy;
- The HSFSA to continue public health campaigns as part of a multi-pronged approach to sodium reduction strategies;

- ADSA to continue working with government, as well as withing the profession, on public awareness projects and programmes.

Finally, input from all stakeholders is essential to ensure that the final product of a framework for monitoring South Africa's sodium reduction strategy will be achievable, feasible and acceptable to be adopted by government.

2. ATTENDANCE REGISTER AND AFFILIATIONS

Stakeholder	Organisation
Dr Beulah Pretorius	University of Pretoria, South Africa (SA)
Ms Terry Harris	Discovery Vitality (Johannesburg), SA
Dr Beatrice Nojilana	Burden of Disease Research Unit, Medical Research Council
Prof Karen Charlton	University of Wollongong, Australia
Maria van der Merwe	President, Association of Dietetics South Africa
Prof Pamela Naidoo	CEO, Heart and Stroke Foundation South Africa
Hayley Cimring	Nutrition Team Leader, Heart and Stroke Foundation South Africa
Kinza Hussain	Registered Dietitian Heart and Stroke Foundation South Africa
Prof Karen Hofman	University of Witwatersrand, Centre for Health Economics and Decision Science
Ms Jessica Byrne	Association of Dietetics , SA
Dr Lynn Moeng	National Department of Health, Chief Director, Health Promotion and Nutrition, SA
Rebone Ntsie	National Department of Health, Nutrition directorate, SA
Faith Masala	National Department of Health, Nutrition , SA
Maletsema Mahonko	National Department of Health, Nutrition , SA
Maude De Hoop	National Department of Health, Nutrition, SA

Dr Avelarda van Graan	SA Medical Research Council
Malose Matlala	NDOH Regulatory Nutrition & Interagency Matters: Manager
Prof Hettie Schonfeldt	University of Pretoria, SA
Marieke Loubser	Report writer
Mr Nigel Sunley	Consulting and South African Association of Food Science and Technology (CT)
Mrs Sandhya Singh	National Department of Health, Chief Director Non-Communicable Diseases Cluster

In-persons attendees: 7; Virtual attendees: 14

3. OPENING, WELCOME AND RECAP

Prof Pamela Naidoo *(CEO: Heart & Stroke Foundation, South Africa)* welcomed participants to the meeting. This was the last in a series of stakeholder (SH) meetings, of which the main purpose was to establish a mechanism for the monitoring and surveillance of South Africa's sodium reduction legislation. This is a LINKS grant-funded research endeavour, the grant partners include:

- University of Wollongong, Australia
- Heart and Stroke Foundation, South Africa
- Discovery Vitality, SA
- The George Institute for Public Health, Australia
- The University of Pretoria, South Africa

This third and final stakeholder meeting follows the first and second stakeholders' meetings. Prof Naidoo stated that the main outcome of the final meeting, would be to provide good guidelines as to what the solid indicators for the monitoring and evaluation (M&E) of the salt legislation in South Africa should be, and subsequently, to identify the roles and responsibilities associated with this. .

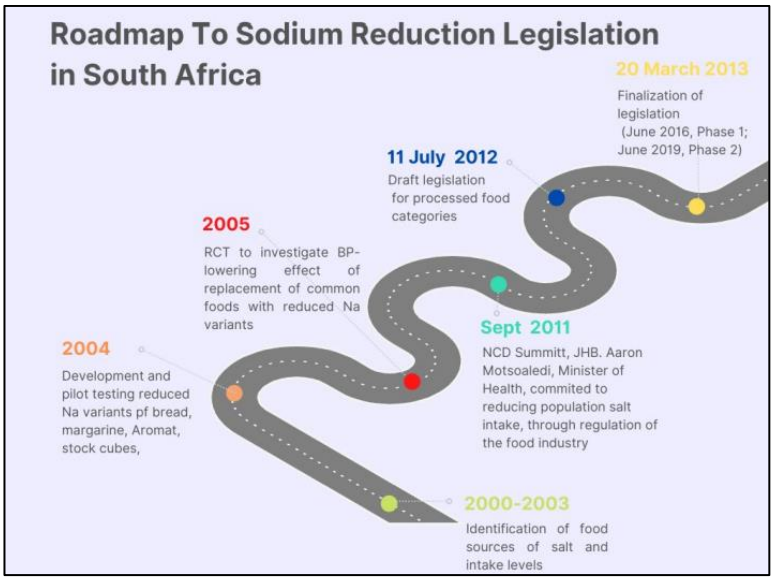
For preliminary information related to the LINKS grant, please see the first and second Expert Stakeholders' Group LINKS Grant Salt Reduction meeting reports which was shared with all the participants of the current meeting.

4. PRESENTATIONS:

a. Five years on after introduction of South Africa's sodium reduction legislation: where to from here?

Prof Karen Charlton, University of Wollongong, Australia

As the primary investigator on the LINKS Grant, Prof Charlton reflected on what had been learnt to date, and where we are presently on the journey towards sodium reduction in South Africa, post the introduction of the sodium reduction legislation 5 years go. The roadmap to the sodium legislation in South Africa is presented below. Of relevance for this meeting is the WHO's global NCD target for 2025, of a 30% reduction in sodium levels at population level.



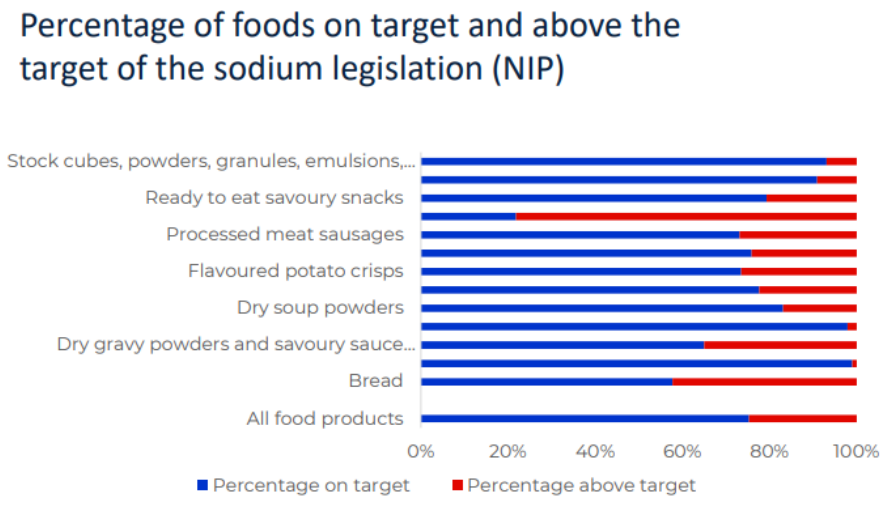
Presenting the evidence-based model for the development and implementation of public health programmes, Prof Charlton indicated that, at present, South Africa is at the monitoring phase (end-phase) of the sodium reduction programme. Hence, for programme improvement and sustainability, information regarding its progress and impact is required. A key question at present therefore, is how monitoring of South Africa's sodium reduction programme can be done.

Prof Charlton commenced her research on sodium reduction in the early 2000's, and has continued lobbying for salt reduction since then. Presenting the body of evidence supporting the significant health benefits of sodium reduction, as well addressing

commercial concerns related to reduced salt in food items, the sodium legislation was gazetted in 2013. Many of the sodium targets for South Africa were based on the voluntary targets set in the United Kingdom where success has been shown. Subsequent research undertaken on salt intake in the South African population indicates that the sodium reduction legislation is working [1,2,3].

The aim of the LINKS project is to develop a framework for the monitoring and surveillance of the sodium content of the food supply in South Africa. This will assist the South African government to monitor the compliance of the food industry with the country's sodium policy.

The LINKS grant project has resulted in research to analyse the chemical analysis of foods in 7 of the mandatory food categories compared to sodium values provided on food packaging labels (using the FoodSwitch smartphone application). Results are promising and indicate overall good compliance with the sodium reduction legislation, with some food categories looking better than others (processed and cured meat were above target).



[1] Effects of South Africa's interim mandatory salt reduction programme on urinary sodium excretion and blood pressure. Charlton K, et al. Preventative Medicine Reports. 23 (2021) 101469.

[2] Early evidence for the effectiveness of South Africa's legislation on salt restriction in foods: The African-PREDICT study. Strauss-Kruger M. J Hum Hypert 2022; DOI: 10.1038/s41371-021-00653-x

[3] Projected effects of salt purchases following implementation of a national salt reduction policy in South Africa. Ndanuka R N. et al. Public Health Nutrition 24(14), 4614-4621.

The WHO's *SHAKE technical package for policies and interventions on salt reduction* is used as a framework against which to evaluate South Africa's sodium reduction strategy. In particular, the focus of this meeting was on the "S" - for *Surveillance* (i.e. to measure and monitor salt use), the reformulation of salt through salt targets.

Prof Charlton gave a brief overview of the recommendations that resulted from the 1st and 2nd Stakeholders' meetings:

- The mandatory sodium legislation is working, hence continue with this policy;
- This policy needs to be accompanied by consumer messaging to reduce discretionally salt use (Repeat SaltWatch campaign and develop public health messaging around salt);
- Signposting is needed on food labels (Advocate for Front-of-Pack labelling on processed foods);
- Fast-food sector and informal street vendors need to be targeted (Set targets for food categories); and
- Focus on children and adolescents (Settings based approaches work best).

Remaining questions included the following:

1. Identifying the barriers and opportunities for monitoring and evaluating the food supply in South Africa;
2. How to ensure Inter-sector collaboration;
3. Competing health interests on the South Africa's health agenda, as it relates to policy and advocacy;
4. How to expand to other sectors, including street food, the informal sector and quick service restaurants; and
5. Funding and /or piggybacking with other monitoring initiatives.

South Africa is the leading country, globally, in mandating and implementing sodium reduction legislation. The success of industry to meet (most) targets has been demonstrated, and the reduction of salt intake in the South African population is evident. It is not clear however, which government agency or department will be responsible for the future monitoring and evaluation of the sodium reduction in the food supply. Finally, the NCD strategy needs to include salt reduction as a key *best-buy* for prevention.

b. Food Environments and Consumer Choice

Dr Beulah Pretorius, University of Pretoria

The double-burden of disease in South Africa is the result of unhealthy dietary patterns, which are influenced by the food environment through consumer choice. Therefore, the focus of interventions aimed at addressing unhealthy dietary patterns needs to be on social standards as well as changes in the food environment, instead of relying solely on individual self-control. Suggested strategies for transforming the food environment include:

- Fiscal policy interventions
- Food labelling
- Food-based dietary guidelines
- Internet, social media and advertising.

Various elements of these strategies have been shown to be effective; however, certain limitations and challenges remain.

According to Pretorius et al: *"Investment and incentivised initiatives are needed to foster diverse food production, preservation, distribution and influence consumers' behaviour and consumption. The decisions made at any stage of the food supply chain have implications on consumer choices, dietary patterns, and nutritional outcomes. Leveraging the entire food system is an underused policy response to the growing problem of unhealthy diets"* [4].

Current suggested actions for addressing food environments and consumer choice include the following:

1. Fiscal policy interventions
- Price decreases (subsidies) and price increases (taxes) can significantly alter consumption of the targeted food
2. Strengthen the nutrition knowledge of the population
- Nutrition education in school curricula, pre-natal and anti-natal clinics
- Food-Based Dietary Guidelines
- Nutrition labelling and front of pack (FOP) labelling
- Mass media and social media advertising
3. Promote indigenous and underutilised crops and "wild foods" and traditional food culture
4. Monitoring and Evaluation is important and must be a priority

[4] Pretorius, B et al. Guiding Nutritious Food Choices and Diets along Food Systems. Sustainability 2021, 13, 9501.

c. Monitoring the food system using FoodSwitch

Ms Terry Harris, Discovery Vitality

The partnership between Discovery Vitality (DV) and The George Institute for Global Health (TGI) commenced in 2015, a collaboration which has been fruitful within the arena of strategies aimed at improving population diets. In order to access the TGI database of brand-specific nutrition information of food items across the globe, DV secured the licence for South Africa (SA) and was subsequently able to build a database for SA by accessing the required nutrition information. This agreement allowed the data to be shared across research parties, which has provided DV with great opportunities for research, including that of participation in the LINKS Grant project. The data required, is transferred directly from TGI to the relevant researchers. DV also utilises this information for its internal product development, as it relates the HealthyFood benefit, whereby members of the Discovery Health medical insurance scheme are incentivised and rewarded for purchasing healthy food items. Through the information provided via the FoodSwitch application (provided by TGI), food items for incentivisation are identified.

Ms Harris emphasised that in changing population diets, individuals need to be encouraged to make healthier food choices, however, changing the food environment is critical in enabling healthier food choices. One way would be for industry to manufacture healthier food items so that the individual is unaware that they are in fact purchasing healthier food items. What is important for this discussion, is how to promote a healthier environment in which people are making food choices.

The principles used by TGI to evaluate any industry change include:

- At product and food category level: nutrition profile, ingredients, additives, and portion / package size
- Utilising the key principles of SMART & BOLD:
    - **S**tandardised and **S**ustainable
    - **M**arket share weighted
    - **A**ccurate
    - **R**epresentative
    - **T**imely

- **B**rand-specific
- **O**pen-sourced and objective
- **L**ow-cost
- **D**ynamic

FoodSwitch utilises smartphone technology for data collection. The cycle of the database is outlined as follows, followed by the supporting illustration:

- data of a particular food product is captured by taking three photographs of the food item (barcode, front of the pack, and ingredients list with nutritional panel)
- the photographs are uploaded to the cloud
- photographs are then downloaded to a central data entry system, where the nutrition information is stored in a database.

Illustrative images courtesy of The George Institute for Global Health

Having this global, objective database of nutrition information has allowed across-country comparisons of food products, and particularly to ascertain how SA is doing in relation to other countries. It also allows evaluation at granular level, e.g., how the sodium content of bread has changed over time.

The application of this technology is broader than merely for sodium reduction. Prof Barry Popkin utilised the FoodSwitch database for research on the sugar tax. His aim was

to understand the sugar content of foods and how industry was responding to changes in the food environment. Together with household purchasing data, he was able to determine the quantity of sugar purchased and consumed by various households [5].

[5] N Stacey, et al. Changes in beverage purchases following the announcement and implementation of South Africa's Health Promotion Levy: an observational study. Lancet Planet Health 2021;5: e200-08)

The availability and use of FoodSwitch is valuable in monitoring the food system and enables better understanding of the food environment. It also has wide research applications.

d. Estimating the changing burden of disease attributable to high sodium intake in South Africa for 2000, 2006 and 2012

Dr Beatrice Nojilana, Burden of Disease Research Unit, MRC

Dr Nojilana provided data on the 2nd Comparative Risk Assessment (SACRA2). The objective was to quantify the contribution of 18 modifiable risk factors to SA's burden of disease. Her team concluded that, despite a decreasing trend since 2006, high sodium intake mediated through raised blood pressure, accounted for a sizeable burden of disease in 2012. Hence, SA's target to reduce sodium intake remains high priority. Progress related thereto, however, requires monitoring and evaluation. There is an increased need for data and evidence to inform policy and legislation.

e. The role of the Heart and Stroke Foundation of South Africa in salt reduction initiatives

Prof Pamela Naidoo, CEO: – Heart & Stroke Foundation, South Africa

The HSFSA has made a significant difference in the health behaviours of South Africans, particularly by way of reduced sodium intake. The HSFSA partnered with the National

Department of Health to run a successful SaltWatch campaign in 2016/17. Further, peer reviewed journal articles, highlight the endeavours undertaken by the HSFSA, and emphasise the power of policy and legislation.

Two successful campaigns run by the HSFSA illustrate the importance of implementing a multipronged approach for salt reduction.

- *The Heart Mark Campaign*:

  As the founder and sole endorser of this campaign, the HSFSA's aim was to influence the purchase of healthy foods bearing the Heart Mark logo (HM). Pillars of the strategy were to create awareness of the HM logo through radio, digital, print media and in-store promotions. Consumer education was a key part of this campaign. There was significant industry buy-in, as the evidence of the benefits was clear. Post-surveys illustrated an increase in the knowledge, attitudes and behaviour for the HM. Campaigns encouraging healthy food choices to reduce non-considered eating behaviour as a risk factor for CVD onset, can be considered as one component of a multipronged approach to risk factor reduction.

- *The Salt Reduction Campaign*:

  The key aim was to reduce salt intake by 30% by 2030. Messaging for salt reduction was through written, verbal and video production. Prof Naidoo emphasized the creative ways in which to make a difference. Individuals reported a significant reduction in the levels of salt consumed, but were struggling with the flavour of their food.

Campaigns are powerful as part of a multi-pronged approach to sodium reduction strategies. The effectiveness of campaigns must be measured in conjunction with other strategies for public health outcomes at population level. Both fiscal and other health policies and programmes also need to be considered. Funding however, remains a hurdle, due to the high cost involved in these campaigns. All stakeholders need to join forces and strategies addressed holistically, in order for them to have an impact.

5. INDICATORS FOR MONITORING AND SERVEILLANCE OF THE SODIUM REDUCTION LEGISLATION IN SOUTH AFRICA – TOWARDS DEVELOPMENT OF A FRAMEWORK Prof *Karen Charlton, University of Wollongong, Australia*

The *Sodium Reduction Programme Checklist and Monitoring Framework,* developed by Prof Norm Campbell for LINKS, is the framework used to guide the monitoring and evaluation of South Africa's salt legislation. The current focus is on **surveillance**.

The Salt Indicators Checklist includes the following categories:

- Develop Surveillance, Monitoring and Evaluation Plan:
    - Establish mean daily sodium intake;
    - Establish the main sources of daily sodium;
    - Identify the sodium content of key packaged food categories;
    - Establish the levels of iodine fortification and intake;
    - Assess public knowledge, attitudes and practice (KAP); and
    - Innovative methods: household budget surveys to assess sodium intake and sources.
- Collect Sodium Indicator data; and
- Programme Transparency and Accountability.

The purpose of today's discussion was to populate these categories within the framework, which will direct and inform subsequent actions in the monitoring and surveillance of South Africa's salt legislation.

Routine data sources available to use for monitoring salt intake in South Africa include:

THE SOUTH AFRICAN DEMOGRAPHIC AND HEALTH SURVEYS			**SANHANES**	**NATIONAL INCOME DYNAMICS SURVEY (NIDS)**	**SAGE**	**DISTRICT HEALTH INFORMATION SYSTEM (DHIS)**
1998	*2003*	*2016*	*2012*	*2008-2017*	*2007-2019*	
Frequency of eating salty snacks Blood pressure in adults	A validated, 30-item FFQ with salt score Blood pressure in adults	Presence of iodised salt in households Blood pressure in adults Consumption of healthy foods by young children Frequency of eating salty snacks by adults Interest in lowering salt consumption	Food diversity Blood pressure in adults Percentage of those eating very salty foods Percentage adding salt to food	Detailed spending data on various food types Blood pressure in adults	24-hr urinary sodium	Aggregate health facility data Data on newly diagnosed hypertensives in public sector

It is vital to consider the necessary indicators for the next SADHS. And also, to consider sentinel surveillance.

6. OPEN FORUM DISCUSSION

Prof Pamela Naidoo *(CEO: Heart & Stroke Foundation, South Africa)*, acknowledged how fortunate this final meeting was in having colleagues from all Stakeholders present. She further encouraged all to volunteer where roles and responsibilities would be determined, particularly Environmental Health and Food Control. Dr Lynn Moeng *(NDOH, Chief Director, Health Promotion and Nutrition)* stressed how important it would be to clarify any issues related to roles and responsibilities, to ensure that everyone be on the same page.

Ms Rebone Ntsie *(NDOH, Nutrition Directorate)* described how the NDOH has been incorporating sodium reduction messaging as part of ongoing campaigns at population level. She acknowledged that the role of nutrition is very clear and that these campaigns need to be intensified as there is more that the Nutrition Directorate could be doing.

Mr Malose Matlala *(NDOH Regulatory Nutrition & Interagency Matters)* alluded to the issue of monitoring the degree of compliance of the salt reduction regulations as becoming a shifted responsibility. He raised concern as to the unlikely possibility of reaching the new proposed sodium restriction benchmarks. Further, he queried the level of industry compliance (level of self-monitoring).

Prof Charlton directed a query regarding industries' willingness to self-monitor, and whether this would be at all feasible, to Mr Nigel Sunley *(Consultant, and South African Association of Food Science and Technology)*. He clarified his position, representing the Food Science and Technology community, and not the Consumer Goods Council or the food industry per se. However, he raised a few concerns related to self-monitoring within industry:

- Capacity within Food Control and the Nutrition Directorate, to handle complex legislative issues;
- A dedicated food legislation enforcement and monitoring function within government;
- Constitutional issues regarding an enhanced enforcement of food legislation.

He suggested that in the short term, the only option would be to rely on self-monitoring. Data indicates that on the whole, large industry players are mostly compliant with legislation.

Concern lies within the small, medium enterprises (SMME's), which is for most part unregulated, and hence, legislative compliance is questionable. Mr Sunley suggested that, in the absence of a formal body responsible for monitoring food legislation, an alternative would be, albeit not perfect, to work with industry to implement a self-monitoring strategy. This would be working with what is available, within the present constraints and challenges. The need for government to put forward a clear monitoring proposal, however, remains.

According to Prof Karin Hofman (University of Witwatersrand, Centre for Health Economics and Decision Science), data on the health promotion levy (sugar tax) has shown significant positive uptake and outcomes (prices, consumption, revenue, etc). It is an initiative completely supported but the Department of Health. However, industry interference remains, in that the sugar tax has not been increased in four years. Despite supporting evidence, government requests additional consultations prior to further increases. Despite this, the sugar health promotion intervention has been demonstrated to be successful, and the prevention work undertaken on both sodium and sugar intake have resulted in a reduced rate of obesity and hypertension. Both remain important issues for the health of South Africans. Funding of this intervention is from various groups and is focussed on economic evaluations. Data on the burden of disease and the cost of hypertension and obesity to the country will be presented during a webinar hosted by the HSFSA on the 16th of May 2022. This data, together with translating data around sodium intake in terms of its economic aspects, may prove beneficial in the motivation for funding for the monitoring and surveillance of the sodium legislation in SA.

According to Ms Sindahya Singh (National Department of Health, Chief Director Non-Communicable Diseases Cluster), the new NSP for NCD's has been approved. A key part being the introduction of the cascades for NCD's, starting with hypertension and diabetes, emulating on what was produced for HIV/AIDS. Targets are focussed, albeit lowered, and are more likely to operate within a structured framework. Previous baselines and ways forward were uncertain due to poor NCD surveillance, and will remain poor for some time. Hopefully with the NSP and the integration of NCDs into existing surveillance systems, baselines will be improved. A part of this work includes trained community health workers who do screening at community level, and linking patients to care, followed up by patient support. Government is hugely supportive of this

initiative, with talk of dedicated units within government for surveillance and enforcement. (Goal 5 of the NSP includes monitoring and surveillance).

Maria van der Merwe (President: Association for Dietetics in South Africa) reiterated that a challenge within the dietetics profession is the disconnect between the private and public sectors as it relates to the launch and communication of policies and new guidelines. ADSA can assist with the roll-out of information outside of the public sector, and capacity-building of individuals around specific guidelines. ADSA will continue to work with government on projects and programmes around public awareness, as well and within the profession.

The enormous responsibility of researchers to put out the evidence, to continue to measure and keep everyone informed, was stressed by Prof. Hettie Schonfeldt (University of Pretoria). This all needs to be done in collaboration with all role-players.

7. SUMMARY OF RECOMMENDATIONS

In addressing the high burden of NCDs, particularly hypertension, a multi-sectoral approach remains essential to ensure a healthier food supply in South Africa. The monitoring of the salt content of processed foods against mandated salt targets remains a challenge in assessing the compliance of the food industry to salt reduction regulations in South Africa. The major outcome from the LINKS project is to develop a framework for monitoring South Africa's sodium reduction strategy.

Current recommendations to direct and inform the monitoring and surveillance of South Africa's salt legislation include:

- As per Goal 5 of the NSP, to push for the integration of NCDs into existing surveillance systems, so that programmes can be streamlined to enhance effectiveness and prevent service duplication;
- Researchers to continue to put out evidence to inform government and develop evidence-based strategies;

- In motivating for funding, to present to government, sodium intake data in terms of its economic aspects;
- NDOH to intensify campaigns targeting sodium reduction messaging at population level;
- Until a formal body responsible for monitoring food legislation is identified, to work *with* industry to implement a self-monitoring strategy;
- The HSFSA to continue public health campaigns as part of a multi-pronged approach to sodium reduction strategies;
- ADSA to continue working with government, as well as withing the profession, on public awareness projects and programmes.

Finally, input from all stakeholders is essential to ensure that the final product of a framework for monitoring South Africa's sodium reduction strategy will be achievable, feasible and acceptable to be adopted by government.

8. CLOSURE AND VOTE OF THANKS

Prof Pamela Naidoo, CEO: Heart & Stroke Foundation South Africa

Prof Naidoo closed the meeting by thanking all for attending, and emphasised everyone's involvement in this initiative as crucial. The various discussions provided a good sense of the next steps required as well as the indicators to monitor in the *Sodium Reduction Programme Checklist and Monitoring Framework*. Further, once the NSP becomes public, the thinking around what is specified, can be consolidated.