

Mobilizing champions for sodium reduction in Thailand

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Excess sodium consumption is directly related to hypertension and kidney disease,¹ increasing cardiovascular disease and death.² However, sodium intake remains high in populations worldwide, and relatively few low- and middle-income countries (LMICs) have implemented comprehensive policies addressing sodium consumption.³

The Thai Low Salt Network (LSN), formed in 2012, is an effective, multi-disciplinary partner network that inspired Thailand's sodium reduction efforts. Building a strong, diverse coalition with effective leadership successfully influenced policymakers to take action and created a broad social movement to reduce sodium intake. We aim to provide a model to other countries to develop similar champion networks to advocate for and implement sodium reduction strategies.

Creating the network

The LSN was formed in 2012 as a civil society organization under the Thai Health Promotion Foundation (ThaiHealth). A practicing nephrologist leads the network, mobilizing funding and recruiting a multi-disciplinary group of voluntary members, including nephrologists, dietitians, public health researchers and communication officers.

The LSN had two initial aims, (1) to provide public education on salt reduction and (2) to conduct research for policy advocacy, which expanded to direct policy advocacy. These efforts set the stage for government action: in 2015 salt reduction was adopted as a priority to reduce non-communicable diseases (NCDs),⁴ and in 2016 a strategic plan set a goal of achieving a 30% reduction in salt intake by 2025, aligned with the WHO's global target.⁵

Achievements of the LSN

In its first decade, the LSN and its partners successfully advocated to place salt reduction on the government's

agenda, mobilize national-level commitments and a strategic plan, and maintain momentum over time. The LSN generated public awareness on the importance of salt reduction, garnered support from government and key stakeholders for salt reduction, generated data on sodium intake and sodium content in foods, developed innovative strategies for monitoring sodium content and on reducing sodium in packaged foods and prepared dishes, and supported the initiation of activities to develop policies on taxation of high salt foods, marketing restrictions, front-of-package labeling, public food procurement and service, and setting salt targets for key packaged foods (see Fig. 1).

Key elements for success

The LSN has been guided by the WHO SHAKE technical package for sodium reduction and the national strategic plan. Key factors for success include:

Building a supportive political environment

The national commitment to sodium reduction and the strategic plan established sodium reduction as a national priority. Financial support from ThaiHealth and, more recently, WHO Thailand and Resolve to Save Lives has expanded LSN's reach.

Developing a strong multisectoral network of champions and partners

The LSN developed a strong network of collaborative partners across diverse fields including government agencies, finance, academia, professional societies, and civil society, as well as collaborations with complementary NCD- and food-related national initiatives and committees.

Generating data and innovations for action on sodium reduction

In 2020, the LSN led a nationally representative survey to estimate dietary sodium consumption using 24-h urinary analyses,⁶ finding an average dietary sodium intake of 3.636 mg per day (9.1 g salt). The LSN plans to repeat this study every 5 years to evaluate salt reduction strategies. The LSN also worked with academic partners to measure the sodium content of Bangkok street food⁷ and collects data annually on the sodium content of



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Thai Low Salt Network Achievements	
1.	Carrying out policy advocacy – National commitment, target and ‘strategy to reduce salt and sodium consumption in Thailand 2016-2025’
2.	Mobilized funding for salt reduction initiatives
3.	Mobilized a multi-disciplinary group of champions
4.	Undertook the first national survey of sodium consumption using 24-hour urine collection
5.	Developed a salt-meter to monitor salt in food as a tool for salt reduction
6.	Created low salt hospitals and low-salt communities
7.	Secured buy-in from the Ministry of Public Health and Ministry of Finance to endorse a fiscal policy for salt reduction
8.	Initiated policy activities on marketing restrictions, front-of-package labeling, public food procurement and service, and setting salt targets for key packaged foods
9.	Carried out effective public communication campaigns
10.	Catalysed reformulation of street food and some categories of packaged foods
Lessons Learned	
1.	Importance of a strong network of partners with a leader who is respected, trusted by the public, and persistent
2.	Mandatory policies are more effective for industrial food reformulation
3.	Identifying the right political opportunity for policy advocacy and change is important
4.	Generating evidence for policy advocacy
5.	Shaping public opinion to support policies via communication activities is important

Fig. 1: Achievements and lessons learned of the Thai Low Salt Network.

packaged food. This evidence, along with data on the economic impact of high sodium intake through an investment case analysis,⁸ have been instrumental to making the case for sodium reduction.

The LSN has supported innovative research to generate locally appropriate strategies to replace sodium in packaged foods⁹ and developed a salt meter and urine strip for the public to monitor their salt intake.¹⁰

Public communications and advocacy campaigns

The LSN and partners implemented targeted public awareness campaigns on the dangers of high salt intake and strategies for salt reduction via television, radio, press, and social media, which motivated the reformulation of some packaged foods, including instant noodles and condiments. The LSN also launched a campaign and website to promote restaurants that reduced sodium in their recipes.

Policy and food environment reform

The LSN, in collaboration with government and other partners, has supported policy proposals to reduce sodium in packaged foods and public environments through improved packaged food labeling, fiscal policies (taxes) for high salt foods, target setting, child-directed food marketing restrictions, and healthy public food procurement policies.

Lessons learned

The LSN is highly effective in mobilizing a multi-disciplinary group of champions who remain committed to sodium reduction. The approach is comprehensive, targeting all sources of sodium including packaged foods; food eaten outside the home; and salt and condiments used in home cooking.

To meet the goal of a 30% reduction in sodium intake, mandatory approaches are needed. So far, the food industry has been reluctant to participate in mandatory food regulation. Strong support from civil society and academia is essential to inspire commitments from policymakers to adopt mandatory policies.

Conclusion

In its first decade, the LSN and its partners have generated public awareness, garnered support from government and key stakeholders, collected data on sodium intake and sodium content in foods, developed innovative strategies for monitoring sodium content and sodium reformulation, and supported the consideration of key nutrition policies. Building multi-disciplinary stakeholder networks can support national action on sodium reduction.

Contributors

SK and RG conceptualized this study and led to its development. SK led the development of the analysis, methodology, and the writing of the original draft. All authors were involved in the review and final approval of the manuscript. SK and WC have accessed and verified the data, and SK was responsible for the decision to submit the manuscript.

Data sharing statement

No primary data was collected for this Comment. References for all secondary data cited in the paper has been included in the References section below.

Declaration of interests

We received no payment from any funding sources for the preparation of the manuscript or the decision to submit it for publication. Authors were not precluded from accessing information or secondary data used in the study, and they accept responsibility to submit for publication.

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