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Abstract

Objective: To assess current salt¹ reduction policies in countries of the World Health Organization (WHO) European Region against the backdrop of varying levels of human development adjusted for income, education, and health (longevity) inequalities.

Design: Population-based, cross-sectional study, with data gathered through systematic review of relevant databases and supplementary information provided by WHO Nutrition Counterparts.

Setting: Member States of the WHO European Region.

Subjects: Inequality-adjusted Human Development (IHDI) scores were analysed against assessed levels of development and implementation of national nutrition policies and initiatives targeting population-level salt reduction.

Results: Within the WHO European Region, IHDI values among countries with no existing salt reduction initiatives (mean [SE]: 0.643 [0.022]) were significantly lower than among those with either partially implemented/planned salt initiatives (mean [SE]: 0.766 [0.017], $P < 0.001$) or fully implemented salt initiatives (mean [SE]: 0.780 [0.021], $P < 0.001$).

Conclusions: Where salt reduction strategies are implemented as an integral part of national policy, outcomes have been promising. However, low- and middle-income countries may face severe resource constraints that keep them from emulating more comprehensive strategies pursued in high-income countries. Care must be taken to ensure that gaps are not inadvertently widened by monitoring differential policy impacts of salt policies, particularly regarding trade flows.

¹ For the purpose of this review, it should be noted that the word *salt* is used throughout to refer to *sodium* and *sodium chloride* intake. In turn, the term *salt intake* implies the reduction of total sodium intake from all dietary sources including, for example, additives (e.g., monosodium glutamate) and preservatives.