Many lines of investigation provide evidence for the causal relationship between sodium (salt) intake and cardiovascular disease (CVD), which is the leading cause of death and disability worldwide. Raised blood pressure, cholesterol and smoking, are the major risk factors for CVD. Among these, raised blood pressure is the most important cause, accounting for 62% of strokes and 49% of coronary heart disease. There is strong evidence that consumption of too much sodium (salt) is the major factor increasing blood pressure, and thereby CVD. In addition, a high sodium (salt) diet may have other harmful effects, for example by increasing the risk of stroke, left ventricular hypertrophy and renal disease. The efficacy of reduced sodium intake in lowering blood pressure is well established.

National policies must address the issue of reducing salt consumption as an essential means of preventing noncommunicable diseases.

Globally, over half of all strokes and 49% of ischaemic heart disease deaths are attributable to high blood pressure.

Key areas for action:
WHO and the Food and Agriculture Organization of the United Nations (FAO) recommend the consumption of less than 5 g of sodium chloride (or 2 g of sodium) per day as a population nutrient intake goal, while ensuring that the salt is iodized.

Policy development and implementation should take into consideration cultural background (including traditional dietary habits and the main sources of salt in the diet).

- A salt-reduction policy should be coherent with, and complementary to, existing national policies and action plans such as those concerning food and nutrition (particularly iodine fortification policies), health promotion and chronic disease prevention;
- The overall outcome of a salt-reduction policy should be a population-wide reduction in dietary salt intake;
- Governments should consider statutory regulation to lower salt in food products if alternatives to legislation, such as self-regulation or voluntary guidelines, do not result in adequate change after a specified amount of time;
- Assessment of policy implementation and monitoring of salt intake is essential. More data on dietary salt and the impact of dietary habits on consumption would support the development of more effective policies and interventions.
Developing a policy

Population-wide strategies for reducing salt consumption are thought to be more cost-effective than other blood pressure prevention, control and treatment measures. Furthermore, estimates of cost-effectiveness of salt reduction strategies appear to be robust to extensive sensitivity analyses.

It should be noted, however, that in the short- to medium-term, sodium intake reduction addresses only one aspect of all blood pressure-related disease. Population-wide salt reduction strategies should therefore be viewed as one vitally important and highly cost-effective component of a comprehensive NCD prevention programme.

At any given age, the risk of dying as a consequence of high blood pressure in low- and middle-income countries is more than double that in high-income countries.

Country case study: Drop the salt! Australia

The Australian Division of World Action on Salt and Health (AWASH) is a growing network of individuals and organizations concerned with salt and its detrimental effects on health. In May 2007, AWASH launched a five-year salt-reduction campaign. The Drop the Salt! campaign unites health professionals, the food industry, government, scientists and consumer organizations in a commitment to action to reduce salt intake in Australia.

In order to reduce the average amount of salt consumed by Australians to 6 g per day by 2012, AWASH has adopted four main objectives:

1. Average 25% reduction in the salt content of food;
2. Average 25% reduction in salt used by the catering industry;
3. Increased consumer knowledge of the benefits of low-salt diets;
4. Clear labelling of foods that makes the salt content immediately apparent to the consumer.

The Drop the Salt! campaign works with a broad range of organizations to ensure that the cost and health implications of reducing population salt consumption are widely understood, that consumer awareness is raised, and that individuals take steps to reduce their salt intakes. This includes working with national and international partners to identify the best labelling solutions and advocating for their implementation. Many Australian companies have already started reducing the salt content of their products. AWASH will work collaboratively with the food ingredient, processing, retail and catering industries to encourage further reductions.


WHO and FAO recommend a population salt consumption of less than 5 g per day.