

# The World Hypertension League and International Society of Hypertension Call on Governments, Nongovernmental Organizations, and the Food Industry to Work to Reduce Dietary Sodium

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Together, the World Hypertension League (WHL) and International Society of Hypertension (ISH) have developed a policy statement calling for reducing dietary salt that aligns with recommendations from the World Health Organization (WHO) and the United Nations. The policy statement below calls for broad societal action to reduce dietary salt, thus reducing blood pressure and preventing hypertension and its related burden of cardiovascular disease.

The hypertension community needs to become more engaged in efforts to prevent chronic noncommunicable diseases and to advocate strongly to accelerate the uptake of policies to reduce dietary salt. The statement is being circulated to national hypertension organizations and to international nongovernmental health organizations for consideration of endorsement.

## REDUCING DIETARY SALT INTAKE: A POLICY STATEMENT OF THE WHL AND THE ISH

### Policy Goal

The goal of the WHL and ISH is for dietary salt intake to be consistent with the WHO-recommended target of <5 g/d for adults, with lower intake in children based on their lower caloric requirements.<sup>1</sup> At a minimum, countries should reduce dietary salt intake by 30% by 2025 as recommended by the United Nations.<sup>2</sup>

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### Audience

The audience for this initiative includes policy makers in government, nongovernmental organizations, and the food industry.

### Rationale

- Increased blood pressure is the leading risk factor for death and disability.
- 3 in 10 adults have hypertension.
- Management of increased blood pressure consumes an estimated 10% of overall healthcare expenditures.
- As dietary salt intake increases blood pressure increases. Thirty percent of hypertension is estimated to be caused by high dietary salt intake.
- In nearly all countries, current diets comprise >5 g/d of salt per person starting from early childhood.
- In most countries, the largest amount of dietary salt comes from processed foods, but, in some settings, adding salt to food at home in cooking or at the table is still the major source.
- Reducing salt consumption is a cost-effective population intervention to improve health with the WHO indicating it is a “best buy.”
- The United Nations has set a target of a 30% reduction in dietary salt by 2025.
- Major programs, policies, and regulations to reduce salt consumption are justified because salt additives in food are common, people are not aware of how much salt they are eating, there are widespread adverse health outcomes from high salt consumption, and there are very substantial cost savings in preventing premature death and disability from reducing high dietary salt.
- Salt intake can be reduced without compromising micronutrient fortification efforts.

## Recommendations for Policy and Action

This policy statement is consistent with the WHO's approach to dietary salt reduction programs, including product reformulation, ensuring health choices are affordable and available, increasing public knowledge and awareness, and monitoring and evaluating the program.<sup>3,4</sup>

## THE WHL AND ISH

The aim is to call on national governments, the food industry, and nongovernmental organizations to take immediate actions to reduce dietary salt towards the WHO's recommendation of <5 g/d in adults and avoid high salt intake in children based on their proportionally lower caloric requirements.

### To National Governments

The call to national governments is to implement an effective salt reduction program that includes:

- Effective targets, with timelines, for lower salt levels in processed foods including restaurant foods.
- Encouraging the food industry to provide in all markets the lowest of (1) best in class (salt content of a processed food that is similar to that which is lowest in the specific food category) and (2) best in world (the lowest salt content of the specific food produced by the company elsewhere in the world).
- Public awareness programs that include children teaching about the health risks of high dietary salt and how to reduce salt intake as part of a healthy diet.
- A monitoring and evaluation program for dietary salt intake, the major sources of dietary salt, and the salt content of specific foods. Regularly and publicly report progress towards the target for dietary salt intake and the salt content in specific foods.
- Easily understood mandatory labels on processed and restaurant foods so consumers can easily identify high- and low-salt foods.
- Effective restrictions on marketing unhealthy foods and beverages to children including those high in salt.
- Coordination with salt iodization programs where salt is iodized.

### To Nongovernmental Organizations

The call to nongovernmental organizations is to endorse this policy statement by:

- Engaging policy and decision makers to support programs for reduction of high-salt intake.

- Participating in or leading health coalitions for advocacy and encourage members to advocate for salt reduction programs
- Educating members on the health risks of high dietary salt and how to reduce high-salt intake through regular education programs, presentations at meetings, publications, and other communications.
- Utilizing media releases and education programs on reduction of high dietary salt to reach the public.

### To the Food Industry

The call to the food industry is to implement the following:

- Ensure that the low-salt products that are best in class and best in world are universally available across global markets.
- Market salt substitutes at affordable prices.
- Reformulate to lower the high-salt content of all current food products that have added salt.
- Ensure that all new food products are low in salt.
- Use clear and easy-to-understand food labels to indicate low- and high-salt foods to consumers.
- Promote the health benefits of avoiding high-salt diets to all consumers.

*Acknowledgment: This policy statement is based in part on that of the Pan American Health Organization Salt Expert Group.*

### References

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