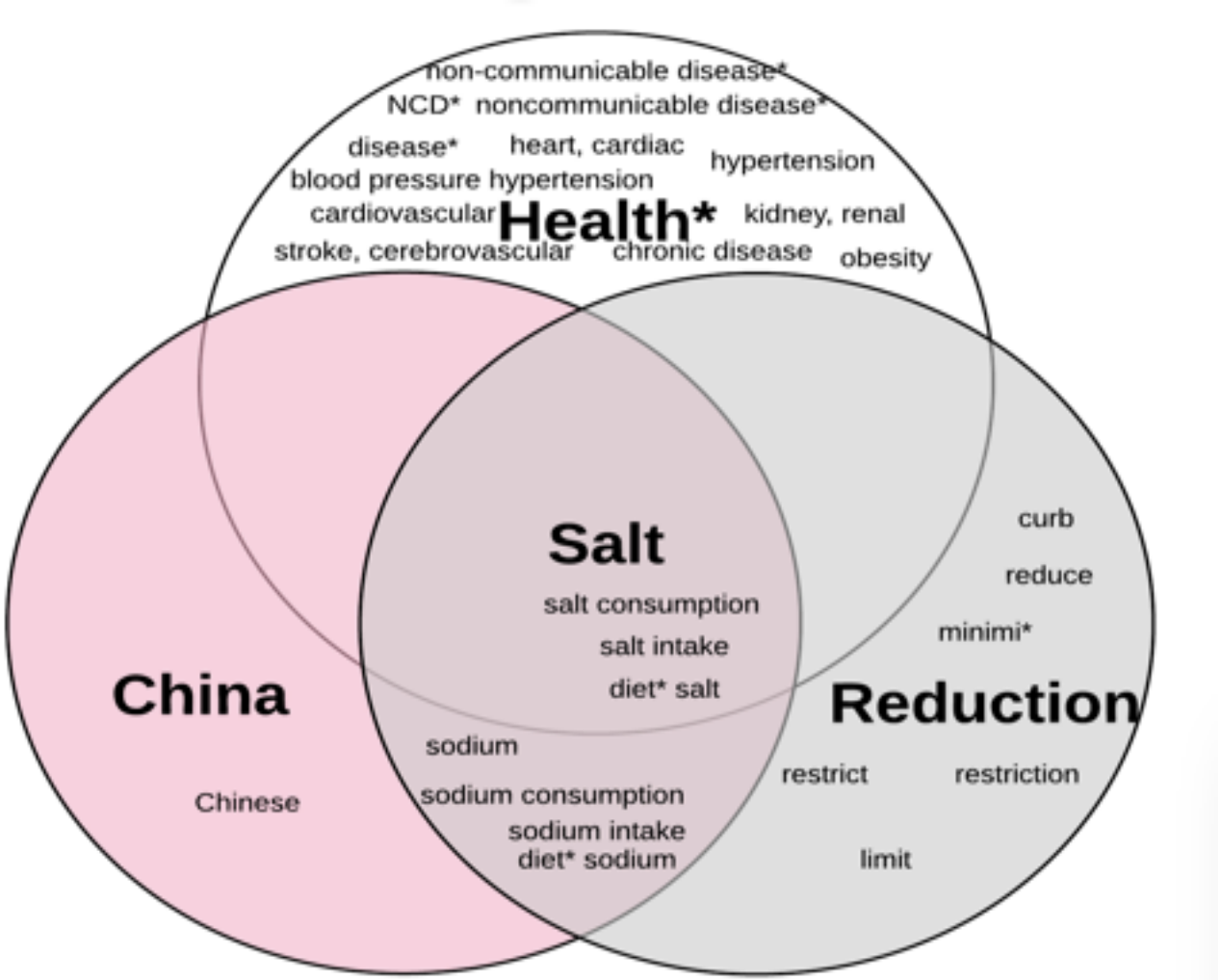
Appendix A-1 Search Strategy-English Keywords Venn diagram



Appendix A-2 Search Strategy-English Keywords

Health	Salt	Reduction	China
Health*	salt intake	reduce	Chinese
Disease*	salt consumption	restriction	
blood pressure hypertension	sodium	Restrict*	
Stroke, cerebrovascular	Sodium intake	curb	
Heart, cardiac	sodium consumption	limit	
kidney, renal	diet* salt	minimi*	
cardiovascular	diet* sodium		
chronic disease			
NCD* (see also two to the right)	Noncommunicable disease*	Non-communicable disease*	

Appendix A-3 Search Strategy-Chinese Keywords

健康	盐	降低	中国
高血压	钠	减少	中国人
冠心病	消耗	控制	我国
心脏病	摄入	控盐	
脑卒中，中风	食用	减盐 限制	
肾脏，肾病 疾病	食用盐	限盐	
慢性病	食用钠		
非传染性疾病			

Appendix B: Summary of salt/sodium intake levels in China

Study site (survey year)	First author	Sampling	Age range	Measurement	Sample size	Salt intake （Mean ± SD）
12 Chinese mainland provinces	Hipgrave *et al*[1]	Random sampling (randomly select 1 urban district and 2 rural counties. Further select 2 communities or townships and narrow down 5 neighborhoods or villages, finally 30 households were randomly selected)	18–45	Dietary measurement	6,072	Unweighted intake: 9.0g/day Population-weighted intake: 9.0/day
China (2008)	Ma *et al*[2]	Based on the data of 2002 Chinese Nutrition and Health Condition Survey	-	-	45,349	National average: 10.7g/day Countryside: 11.1g/day Urban: 9.7g/day
9 Chinese mainland provinces (1997, 2009)	Liu *et al*[3]	Random sampling (Longitudinal survey)	18~75	-	19,508	1997: 12.7g/day 2009: 8.9g/day
11 China locations (2002)	Liu *et al*[4]	Random population samples from 11 locations across China (Urumqi, Altai, Lhasa, Tulufan, Hetian, Guiyang, Guangzhou, Shanghai, Beijing, Shijiazhuang and Taipei).	45-56	Single 24-h urine collection	1,135（572 men 563 women）	Male: 12.0 ± 5.0g/day Female: 10.3 ±4.9 g/day
China (2001)	Liu *et al*[5]	Random samples of men and women from Han, Uygur, Kazak and Tibetan ethnic populations	45-56	Single 24-h urine collection	Han: 755 Uygur: 510 Kazaks: 204 Tibetans: 125 (age 45-56 year)	Han: 11.3 ±5.7g/day Uygur: 10.2±7.9g/day Kazaks: 12.5 ± 8.0g/day Tibetans: 14.8±6.7g/day
Beijing, Shanghai, Guangxi (2003)	Stamler *et al*[6]	Age–sex stratified random sampling	40-59	Four 24-h dietary recalls and two 24-h urine collections with an average of 3 weeks between collections	Northern men: 276; Northern women: 285; Southern men: 140; Southern women: 138	Northern men: 17.2±5.4g/day Northern women: 14.6±4.5g/day Southern men: 8.8±3.5g/day Southern women: 7.5±3.1 g/day
Guangdong (2014)	Li *et al*.[7]	Random sampling	-	24-h dietary recall for 3 consecutive days and 3-day weighed food record	7,421	7.6g/day

Beijing, (2015)	Zhao *et al.*[8]	Random sampling	Adults18-59 Children≤18	One-week salt estimation method	Adults: 1,981 Children: 971	Adult 15.2±9.1g/day children 11.0±6.2g/day senior citizen 10.2±4.8g/day
Beijing (2012)	Zhao *et al.*[9]	Multi-stage cluster random sampling	>18	2-h dietary recall for 3 consecutive days and 3-day weighed food record	1,841	Female: (7.6±5.6) g/day Male: (8.2±5.9) g/day Male higher than female (P<0.05)
Shandong（2014）	Bi *et al.*[10]	Random sampling	18-69	24-h dietary recall	2,208	5.745g/day (sodium)
				24-h urinary sodium excretion	2,112	5.398g/day (sodium)
Shandong（2014）	Zhang *et al.*[11]	Random sampling	18-69	24-h urinary sodium excretion	2,184	13.9g/day
Yantai, Shandong (2014)	Xu *et al.*[12]	Random sampling	18-69	24-h urine survey	1,500	11.8g/day
Laiwu, Shandong (2014)	Wang *et al.*[13]	Random sampling	18~69	72-h dietary recall and weighed food record	83	(6.318±2.661) g/day
Dalian Polytechnic University (2012)	Fan *et al.*[14]	Cluster Sampling	College students	24-h dietary recall for 3 consecutive days		6.66±1.23g/day
Liaoning (2014)	Yu *et al.* [15]	Multi-stage stratified random sampling method	-	Self-report	11,192 families	(8.96±5.21) g/day Countryside: (10.07±5.67) g/day Urban city: (7.72±4.32) g/day
Liaoning (2007)	Dong *et al.*[16]	Multi-stage stratified cluster sampling	35-85	-	29,970	15.5±9.5g/day
Hunan (2015)	Yin *et al.*[17]	Multi-stage stratified random sampling	-	Dietary recall	4,200	10.3g/day
Hunan (2007)	Fu *et al*[18]	Random sampling	>2	24-h dietary recall for 3 consecutive days	180 Families	10.1g/d
Jiangsu (2016)	Zhang, *et al*[19]	Multi-stage sampling	18-69	24-h urinary sodium excretion	9,600	11.0±4.1g/day
Jiangsu (2014)	Qin *et al*[20]	Random sampling	>18	Food frequency questionnaire	2,502	9.8±6.3g/day
Jiangsu (2014)	Qin *et al*[21]	Random sampling	>20	24-h dietary recall and food frequency questionnaire	2,518	11.4±9.6g/day

Zhejiang (2011)	Chen *et al.*[22]	Random sampling	-	24-h dietary recall for 3 consecutive days and 3-day weighted food record	4,949	10.5g/day
Sanmen, Zhejiang (2015)	Qi *et al*.[23]	Random sampling	-	Weighted food record	200 families, 1652 people	(8.91±33.15) g/day
Fujian (2010)	Hu *et al*.[24]	Stratified random sampling	-	Both standard average salt intake and 3-day weighed food record	213 families	7.63g/day

Appendix C: Summary of Salt Reduction Interventions in China

Source	Site	Setting	Sample Size	Target	Age	Period	Study Design	Aim	Intervention	Result
Salt Substitute										
China Salt Substitute Collaborative Group 2007[25]	Northern China	Rural	608	At-risk population	60 years mean	May 2004-August 2005	Double-blind randomized controlled trial	Effect of salt substitute on BP among high risk rural Chinese	Provision of salt substitute	Mean SBP is 3.7mmHg lower vs. control. No detectable effects on DBP. Maximum net reduction of 5.4 mmHg achieved at 12 months.
Hu et al 2009[26]	Northern China	Rural	187	At-risk population	58.4 years mean	May 2004-August 2005	Double-blind randomized controlled trial	Impact of salt substitute on BP control	Introducing salt substitute	Significantly reduced central and peripheral SBP and reduced arterial stiffness
Zhang et al, 2011[27]	Laiwu (Northern China)	Rural	411	Population (Both HBP and NHBP)	30-60 years old	3 months	Quasi-experiment	Impact of salt substitute on BP	Replacement of salt-substitute for both HBP and NHBP	Reduction of 7.4 /3.8 mm Hg (SBP/DBP) in the HBP group. Reduction of 1.2/1.0 mmHg (SBP/DBP) in the NHBP group.
Li et al, 2013[28,29]	5 northern provinces	Rural	120 townships	Population	No data available	2011-2012 (18 months)	Cluster-randomized trial	Effect of salt substitute and health education on BP, 24 HRUP, 24HRUS, and proportion of HTN	Health education and making salt substitute easily accessible.	Reduced daily sodium intake and increased daily potassium intake were found in intervention group.
Zhou et al, 2013[30]	Northern China	Rural	372	Population (Both HTN and NHTN)	No data	2 years	Double-blinded randomized controlled trial	Effect of salt substitute among HTN and NHTN rural Chinese	Impact of salt substitute on BP	Reduction in SBP of 4 mmHg in HTN and lowers both SBP (2 mmHg) and DBP (2mmHg) in NHTN controls

Zhao et al, 2014[31]	Tibet	Rural	282	Population with hypertension (SBP>140mmHg)	40 or older	Feb-May 2009	Patient-blinded randomized controlled trial	Effect of salt-substitute on BP among Tibetans living at high altitude (4300 meters and above)	Introducing salt substitute to intervention group, control group use regular salt	Reduction in SBP/DBP in the intervention group in comparison to the control group was −8.2/−3.4 mmHg (PP) and −7.6/−3.5 mmHg (ITC). After intervention, 19.2% of patients in intervention group have their BP under control compared to 8.8%□in control group
Jardine et al, 2014 [32]	China	Rural	1903	Population	Older individuals	18 months	Cluster randomized trial	The impact of dietary salt reduction on albuminuria	Education and access to low-sodium salt substitute	Mean follow-up urinary albumin: creatinine ratio (UACR) was 0.19 mg/mmol lower vs. control □with a corresponding OR for albuminuria at 0.67 (0.46–0.99).
Zhou et al, 2016[33]	Northern	Rural	200 families	Population	No data	3 years	Randomized controlled trial	Effect of salt substitute on BP	Introducing salt substitute	Salt substitute significantly reduced the increase in both SBP□and DBP□vs. control.
China Salt Substitute and Stroke Study[34]	China	Rural	20,000	Population	No data	5 years	Cluster randomized controlled trial	Effect of salt reduction on the risk of stroke	Introducing salt substitute	Expected completion in 2019
Salt Substitute -Taste and acceptability										
Lai, Yue & Wu, 2010[35]	Beijing	Urban	24	Population	Not available	No data	No data	To test the taste and acceptability of salt substitute (68.84% NaCl, 26.05% KCl, 4.81% $MgSO_4$)	Using extensive triangle test to test difference between ordinary salt and salt substitute	No significant differences of overall likeness between ordinary salt and salt substitute samples.
Chau et al, 2016[36]	Hong Kong	Urban	169	Population (Both HTN	No data	June to August	Cross-sectional	Compare the preference of	N/A	Older HTN people are more willing to

				and NHTN)		2014	survey	food saltiness and the willingness to consume low-sodium food		consume low sodium food□. No evidence that older people were less sensitive to tasting saltiness.
Li et al, 2009[37]	5 Northern areas	Rural	608		60 years mean	May 2004-August 2005	Large-scale, blinded, randomized controlled trial	To assess the saltiness, flavor and acceptability of food cooked with salt substitute	Food with different saltiness were distributed to participants for evaluation	Possible small differences (1.8mm)□ in the flavor of salt substitute did not importantly deter the use of the salt substitute in this study group.
Salt-restriction tools										
Mei et al, 2010[38]	Shanghai (Minhang District)	Rural	371	Population	15-69	2008-2009	Intervention Trial	Intervention effectiveness of dispatching salt-control spoons	Dispatchment of salt-control spoons with education materials	Increased awareness on salt-control knowledge and salt-control measurement
Cai et al, 2011[39]	Shanghai (Baoshan District)	Rural	Around 300	Population	15-69	2008-2009	Intervention Trial	To evaluate the impact of salt-control spoons on KABP and salt intake	Dispatchment of salt-control spoons	Increase in salt-related health awareness by 20.7%□. Positive effect on KABP but not on salt intake.
Yang et al, 2013[40]	Beijing (Shunyi District)	Rural	403	Population	15-79	2012 (6 month)	Randomized controlled trial	Impact of salt-restriction tools along with health education	Provision of salt-restriction tools and health education	41.2%□more use salt-restriction tools pre vs post. 34.8% more use such tools v.s control.
Chen et al, 2013[41]	Beijing	Rural area	403	Population	15-79	2012	A community intervention study	To evaluate the effect of an improved salt-restriction spoon on the attitude of salt-restriction, the using rate of salt-restriction-spoon, the actual salt intake, and 24-	Provision of salt-restriction spoons	The daily salt intake decreased by 1.42 g in the intervention group and by 0.28 g in the control group, and repeated measures analysis of variance showed significant change over time (F = 7.044□) and significant difference

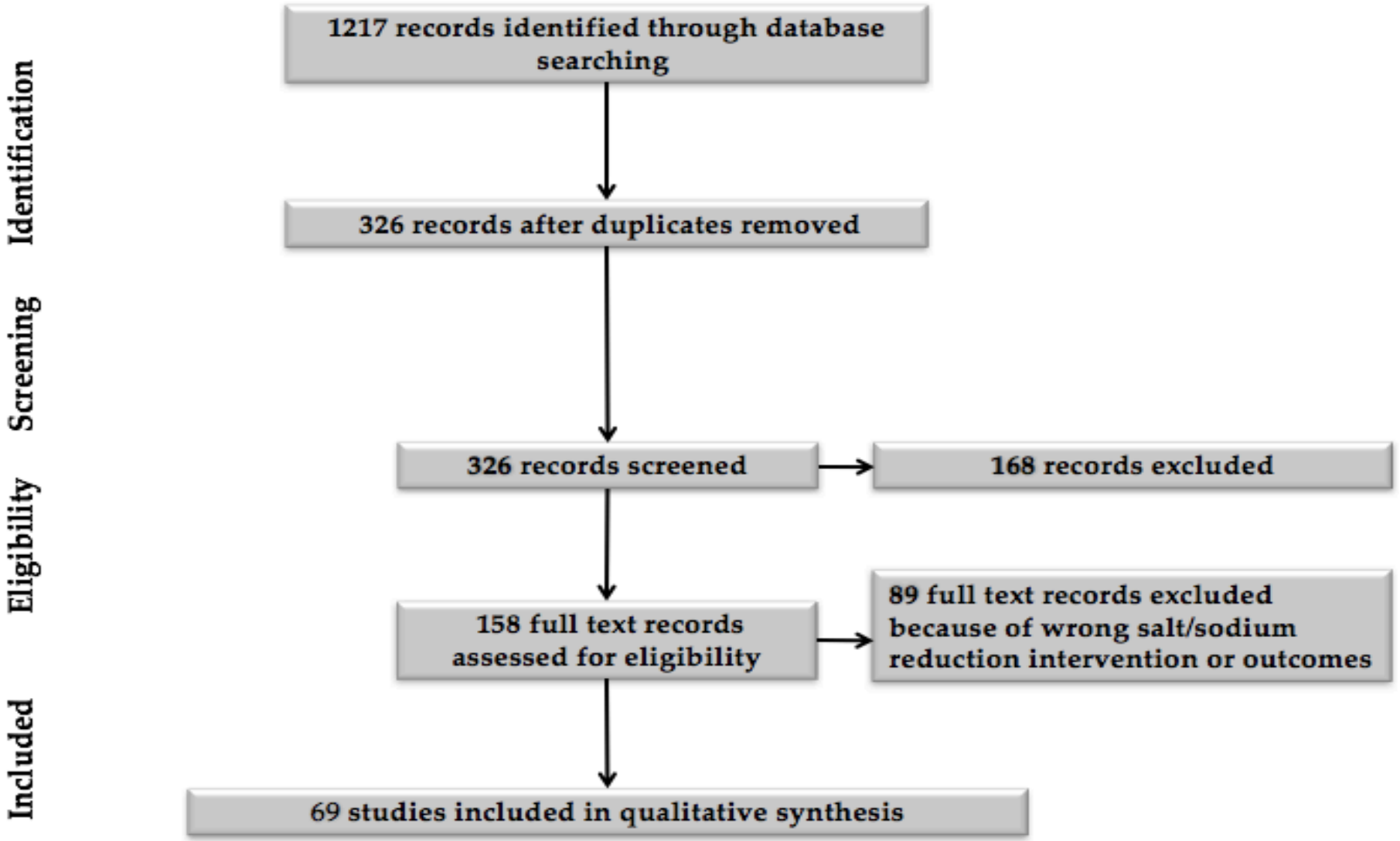
								hour urinary sodium excretion (24HUNa).		between groups by time (F = 2.589□)
Wang et al, 2015[42]	Shanghai	Urban, urban-rural fringe & Rural area	6866 individuals (2960 families)	Population	15-69	2008-2009	Multi-stage cluster trial	To evaluate the impact of salt-control spoons on the salt intake of Shanghai residents.	Provision of salt-control spoons	41.15% of families still use the salt-control spoons in the 12th month although the percentage decreased over time. 45.69% of the subjects have a daily salt intake of 6g or less, up from 37.24% at baseline.
Wang et al, 2015[43]	Shanghai	Urban, urban-rural fringe & Rural area	6748 individuals (2941 families)	Population	15-69	2008-2009	Multi-stage cluster trial	To assess the impact of salt control spoons to improve knowledge and behavior on restricted salt usage among residents in Shanghai.	Provision of salt-control spoons	79.32% of residents have salt-restriction related knowledge in the 12th month, compared to 39.52% at baseline. TV and popular science articles are the preferred way for the mass to obtain salt related knowledge.
Health Education										
Chen et al 2008[44]	Beijing	Urban	110,000	Population	No data	1987-1995	Intervention Trial	Impact of worksite intervention on salt intake & other CVD risk factors	Worksite screening Health education including reducing salt intake, smoke cessation	Reduction SBP 1.9mmHg, reduction DBP 2.2 mmHg□vs control Reduction in salt intake of 3.9g /day□ vs control

He et al, 2015[45]	Changzhi (Northern China)	Urban	279	School children and their family members	10 years (children) 43.8 years (family members)	3.5 months	Cluster randomized controlled trial	Impact of education targeting school children on salt intake of them and their family members	Children receive educated on the harmful effects of salt and how to reduce salt intake	Salt intake reduction of 1.9 g/day □in children and 2.9 g/□ in adults vs. control. The mean effect on SBP was -0.8 mm Hg in children and -2.3 mm Hg □in adults.

Explanation results: normal lettertype not significant □p<0.05, □□p<0.001, between brackets (to) are the confidence intervals if available

KABP: Knowledge, attitude, behavior, practice
Salt Substitute: 65% sodium chloride, 25% potassium chloride, and 10% magnesium sulphate, unless otherwise noted
BP: Blood pressure
SBP: Systolic Blood pressure
DBP: Diastolic Blood pressure
HBP: High blood pressure
NHBP: Non-high blood pressure
HTN: Hypertension/hypertensive population
NHTN: Normotensive/normotensive population
PP: Per protocol analysis
ITC: Intention to treat analysis
24HRUP: 24-hour urinary potassium
24HRUS: 24-hour urinary sodium
OR: Odds Ratio

Appendix D Search Strategy-Selection flowchart for salt reduction initiatives in China



Appendix E: A summary of salt-reduction related government regulations in China

Document names (Chinese)	Document names (English)	Responsible Entities
中国慢行病防治工作规划（2012 一 2015 ）	National Plan of Prevention and Control of Chronic Diseases in China (2012-2015)	15 Chinese ministries including the Ministry of Health, Ministry of Education, Ministry of Finance
中国食物与营养发展纲要（2014-2020 ）	Chinese Diet and Nutritional Development Regulation (2014-2020)	State Council of China
中国减盐行动《2010-2020 行动计划》	China World Action on Salt and Health (CWASH) (2010-2020)	China Centre of Disease Control, China George Institute of Chronic Disease Control
预包装食品营养标签通则（GB28050-2011)	Nutritional Labelling in Prepacked Food Legislation (GB28050-2011)	Ministry of Health
低钠盐QB2019-2005 行业标准 (QB2019-2005)	Industry Standard of Low Sodium Salt (QB2019-2005)	National Development and Reform Commission
绿色食品食用盐(NY/T 1040-2010)	Green Food, Edible Salt Industry Regulation (NY/T 1040-2010)	Ministry of Agriculture

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