**Evaluation of Public Policy for Population Wide Health Reforms in Sub-Saharan Africa; A Critical Review of Salt Reduction Policies in South Africa & Nigeria**

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Background: A maximum dietary salt intake of less than 6g per day is the recommended adult guidelines from the World Health Organisation. Increased salt intake is a known risk factor for raised blood pressure (hypertension) which in turn increases the chances of developing cardiovascular diseases among many other non-communicable diseases (NCD's)  
  
Rationale: NCD’s are the leading cause of morbidity and premature mortality in the region. With the existing health systems already grappling with the burden of communicable diseases; limited resources and increasing effects of urbanization; there is need to facilitate the use of population wide health interventions to reduce the rising incidence of NCD’s. This is in line with achieving target 3.4 of the SDG agenda: reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being by 2030.  
  
Aim: To evaluate the existing policies supporting policy environment on salt reduction in the sub-Saharan Africa with particulate goal of gaining insight on policy development processes and implementation strategies and their eventual impact on population-wide health outcomes and reforms  
  
Methods: Using document analysis; the existing public policies on salt reduction in Nigeria and South Africa were reviewed against pre-set criteria from global recommended guidelines. Policies were also examined using checklists developed from known policy evaluation frameworks to assess relevance to cause and utility to context  
  
Findings: Most countries in SSA do not have national gazetted salt policies. The few existing policies are backed by context specific needs assessment. There is limited stakeholder engagement in policy processes and discussions and approaches to implementing the public policies isn’t based on what works. Both countries showcased limited evidence on monitoring and evaluation structures of existing policies.   
  
Conclusion: There is need to invest in context-driven empirical research coupled with relevant multi-stakeholder partnerships during the process of policy formulation. Both approaches to implementing public policy when cohesively planned out present viable pathways to not only reducing the incidence of NCD's but in the long run achieve the health related SDG's  
  
Keywords: public policy, population-wide health reforms, policy evaluation, analysis of public policy, salt reduction, Sustainable Development Goals (SDG)