

## RESOLUTION OF THE GOVERNMENT OF MONGOLIA

August 31, 2015

Number 353

Ulaanbaatar City

### Approving National Strategy on Salt Intake Reduction

In accordance with Article 7.1.3 of the Law on Health the Government of Mongolia RESOLVES hereby:

1. To endorse the National Strategy on Salt Intake Reduction as set in the Annex.
2. To entrust the Minister of Health and Sports G. Shiilegdamba and the Minister of Food and Agriculture R. Burmaa to approve Joint Implementation Plan of the National Strategy, and to provide management, coordination and information support to its implementation governed by participation and collaboration of governmental and non-governmental organizations.
3. To authorize the Minister of Health and Sports, the Minister of Finance and Governors of Aimags and the Capital City to include activities for the implementation of the National Strategy in the Annual Main Guidelines of Socio-Economic Development, and to assign resources required for the implementation of the Strategy in state and local budgets, and international grant and loan agreements.
4. To assign the Minister of Health and Sports G. Shiilegdamba to prepare a progress report on the implementation and outcomes of the National Strategy for the consideration by the Government within the first quarter annually.

Prime Minister of Mongolia

CH.SAIKHANBILEG

Minister of Health and Sports

G.SHIILEGDAMBA

## **National Strategy on Salt Intake Reduction**

**(2015-2025)**

### **One. Rationale**

Excessive salt intake is the primary risk factor for hypertension, osteoporosis, heart attack, stroke and gastric cancer, and is responsible for millions of premature deaths worldwide. Salt intake of less than 5 grams per day for adults helps to achieve 24 percent relative reduction in the incidence of stroke, and 18 percent relative reduction in cardiovascular disease morbidity. According to the World Health Organization (hereinafter referred to as "WHO") an estimated 600 thousand deaths regionally and 2.5 million deaths globally could be prevented each year if salt consumption were reduced to the recommended level.

WHO Global Strategy for the Prevention and Control of Noncommunicable Diseases (NCDs) (2012-2025) and corresponding regional strategy of the WHO Western Pacific Region aim at reducing population's intake of salt by a relative 30% by 2025, and recommend WHO Member States to develop and implement national strategies on salt intake reduction.

The Political Declaration of the High-level Meeting of the 66<sup>th</sup> UN General Assembly on the Prevention and Control of Non-communicable Diseases calls upon the private sector to reduce salt content in food products, to limit production and advertisement of food high in salt content, and to properly label food products with information on salt content.

Plan of Implementation of the National Program on Prevention and Control of Diseases Associated with Unhealthy Lifestyle approved by the Resolution of the Government of Mongolia No. 34 of 2014 holds to develop and implement National Strategy on Salt Intake Reduction.

An overwhelming 83.2 percent of Mongolian population consume 11.1 grams of salt daily, which is twice as high as the WHO-recommended level. Salt content is high in 81.6 percent of staple food and 83.6 percent of publicly catered food.

Research demonstrates that 19.1 percent of the population lack adequate knowledge on food high in salt, 12 percent have little understanding of health impact of high salt intake, and 95.1 percent do not know how to select food products with low salt content. Assessment of the risk of hypertension shows that the Western Region of the country, where residents consume salted tea has 1.3 times greater risk of hypertension compared to the Eastern Region where unsalted tea is consumed.

In addition to an overall high salt intake in Mongolian population there are the following challenges related to salt reduction in the country:

- weak legal and policy environment for restricting manufacturing, import, sales and advertisement of food products high in salt content, non-existent external governmental and internal manufacturers' control of salt content in food products;
- inadequate public-private partnership, collaboration and coordination in the area of promoting manufacturing, sales and consumption of food products with low salt content;
- inadequate initiatives to ensure sufficient iodine consumption in the light of reduced salt intake;
- insufficient information, education and communication on proper salt intake for the general public and food manufacturers.

Taking the above into consideration a National Strategy on Salt Intake Reduction 2015-2025 (hereinafter referred to as "the Strategy") has been developed with the aim at reducing health risks associated with excessive salt intake.

## **Two. Goal, Objectives, Main Activities and Funding of the Strategy**

### **2.1. Goal of the Strategy**

The Strategy aims at reducing by 2025 daily salt intake of the population by 30 percent compared to 2011 baseline.

### **2.2. Objectives of the Strategy**

2.2.1. Objective One. To foster legal environment, which promotes importation, manufacturing, sales, catering and consumption of food products low in salt content.

2.2.2. Objective Two. To promote public-private partnership in reducing salt content in food products, and to enhance monitoring of salt content in imported, manufactured and consumed food products.

2.2.3. Objective Three. To reduce population salt intake through creating an enabling environment for improving knowledge and skills to make proper food choices.

### **2.3. Main activities of the Strategy**

2.3.1. The following main activities shall be implemented within the framework of the Objective One to foster legal environment, which promotes importation, manufacturing, sales, catering and consumption of food products low in salt content:

2.3.1.1. review and revise food standards, technical requirements, recipes and technology, and include requirements for the reduction of salt content in catered food;

2.3.1.2. include in effective laws and regulations requirements for restricting manufacturing, import, sales and advertisement of food products high in salt content;

2.3.1.3. conduct national salt intake surveillance surveys annually and build surveillance capacity in the sector.

Expected outcome: An enabling legal environment, which promotes importation, manufacturing, sales, catering and consumption of food products low in salt content will be established.

2.3.2. The following main activities shall be implemented within the framework of the Objective Two to promote public-private partnership in reducing salt content in food products, and to enhance monitoring of salt content in imported, manufactured and consumed food products:

2.3.2.1. support public-private partnership to reduce salt content in food manufacturing and catering, and to increase production of iodized salt;

2.3.2.2. establish regular monitoring of salt content in imported and manufactured food products, and implement flexible food taxation policy depending on its salt content;

2.3.2.3. support food industry in establishing regular internal control of salt content in food products.

Expected outcome: Public-private partnership in reducing salt intake will be strengthened, and monitoring of salt content in imported, manufactured and consumed food products will be improved.

2.3.3. The following main activities shall be implemented within the framework of the Objective Three to reduce population salt intake through creating an enabling environment for improving knowledge and skills to make proper food choices:

2.3.3.1. organize and support regular campaigns to improve the general public's knowledge and attitudes related to salt intake;

2.3.3.2. organize and support regular information, education and communication activities to provide the general public with accurate information on salt intake;

2.3.3.3. provide kindergarten and school-age children with training and information aimed at reducing their salt intake;

2.3.3.4. improve skills of healthcare and social workers and volunteers to provide counseling on salt intake;

2.3.3.5. organize series of trainings for food industry on proper salt intake, and manufacturing and catering of food low in salt content.

Expected outcome: Population knowledge and practices to reduce salt intake will be improved.

## **2.4. Funding of the Strategy**

The implementation of the Strategy will be funded from the following sources:

- state and local budget;
- allocations from food industry;
- donations and support from NGOs and citizens;
- other legitimate sources;

## **Three. Institutional arrangements, monitoring and evaluation of the Strategy, and performance indicators**

### **3.1. Institutional arrangements**

Multi-sectoral coordination committee on salt intake reduction will be chaired by the central administrative body in charge of health. The coordination committee will be responsible for providing technical support and coordinating the nationwide implementation of the Strategy, and will be established under the umbrella of the National Food Safety Committee. The coordination committee will discuss stakeholder implementation plans and challenges encountered in the course of the implementation of the Strategy, and make necessary decisions.

### **3.2. Term of the Strategy, and its monitoring and evaluation**

The Strategy will be implemented in 2015-2025. Mid-term and final evaluations of the Strategy will be conducted in 2020 and 2025, respectively. Aimag and the Capital City Governors, and local agencies in charge of specialized inspection and health will develop and implement plans for the implementation of the Strategy. Annual reports will be discussed by the Public Health Council of local governors, and will be submitted to the central administrative bodies in charge of health and food by December 25<sup>th</sup> annually.

### 3.3 Performance indicators

| №  | Indicator   | Baseline<br>(2013) | Target<br>(2025) | Information<br>source |
|----|---|--------------------|------------------|-----------------------|
| 1. | Percent of population with the lack of knowledge on food products high in salt content                | 19.1               | 6.4              | National<br>survey    |
| 2. | Percent of population with misconception that excessive salt intake does not affect hypertension      | 82.4               | 50.0             |                       |
| 3. | Percent of population who choose food products with low salt content using information on food labels | 4.9                | 25.0             |                       |
| 4. | Percent of population who consume salted tea daily  | 43.8               | 26.0             |                       |
| 5. | Salt intake in population aged 25-64 years assessed by 24 h urinary sodium excretion                  | 11.1<br>g/day      | 7.8<br>g/day     |                       |
| 6. | Percent of population with daily salt intake of no more than 5 g                                      | 16.8               | 33.0             |                       |
| 7. | Percent of food products containing more than 0.6 g of salt per 100g                                  | 81.6               | 49.0             |                       |
| 8. | Percent of catered food containing more than 0.6 g of salt per 100g                                   | 83.6               | 50.0             |                       |

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