National Action Plan on Communication and Advocacy for Dietary Salt Intake Reduction for Prevention and Control of Hypertension, Stroke and Other Non-Communicable Diseases, Period 2018-2025

Goals

Goals, objectives or targets related to nutrition:

General Objectives
To develop a support environment, to raise awareness and make behaviour changes for each citizen so that they would reduce salt intake in their daily diet to prevent and control hypertension, stroke and cardiovascular diseases and other non-communicable diseases, contributing to people’s health protection, care and promotion.

Specific Objectives

Objective 1. Raise awareness and make behaviour changes in the population to reduce salt intake in the daily diet

Objective 2. Strengthen the responsibility of the authorities of all levels, agencies and sectors, and mass unions in developing and implementing policies and mechanisms to generate sustainable resources for interventions to reduce salt in the people’s diet.

Objective 3. Raise the responsibility of organizations and individuals that produce and trade foods and catering service providers to implement interventions to reduce salt in the people’s diet.

Objective 4. Raise capacity and efficiency of surveillance, counseling and guidance on low-salt diets in health facilities and the community

Strategies

Strategies and activities related to nutrition:

KEY ACTIVITIES AND SOLUTIONS
1. Solution groups of legal policies
   a) Enhance enforcement, supplementation and finalization of relevant polices and legal regulations on salt reduction in the people’s diet:
      - Study and propose supplementation to regulations on food labeling such as: disclosure of the salt content in products, warning about high-salt foods, warning about the harm to health of excessive salt consumption and recommendations on the maximum salt consumption level per day.
      - Study and propose supplementation to regulations on restricting advertisement and marketing of high-salt products, especially to children and high risk groups.
      - Propose, supplement and finalize policies and regulations on serving school meals and providing low-salt foods that are good for health of children, school-children and students.
      - Propose and supplement policies to encourage production, supply and consumption of safe, low-salt and healthy foods.
      - Embrace and implement Decree No. 09/2016/ND-CP providing for fortification of food with micronutrients, especially iodine fortified salt.
   b) Establish a mechanism of inter-sectoral collaboration from the central to local levels and promote involvement of organizations, individuals and the community in conducting activities to reduce salt consumption in people’s diet.

2. Solutions of communication and social mobilization
   a) Efficiently use the information and communication system from the central to local levels to perform information, education and communication activities on low-salt consumption for prevention and control of hypertension, stroke, cardiovascular diseases and other non-communicable diseases.
   b) Compile and provide communication messages and materials on salt reduction appropriate to communication modes and target groups, including: (1) mass media communication, (2) advocacy communication, (3) community communication, (4) communication and guidance in catering service providers, (5) school communication, (6) communication with food producers and traders.
   c) Promote communication programs and activities to raise awareness and responsibility of the authorities of all levels, ministries, agencies, sectors, mass media and food producers and traders:
      - Organize conferences and seminars to provide information and scientific evidence on the harm of excessive salt consumption and salt reduction measures to managers, policy-makers and related enterprises.
      - Conduct study tours and share domestic and international experience on enforcement of dietary salt reduction policies and interventions.
      - Conduct advocacy communications on mass media, develop a column in newspapers, and hold television talks on the topic of salt consumption reduction for prevention and control of hypertension, stroke, cardiovascular diseases and other non-communicable diseases.
   d) Implement behaviour change communication programs and campaigns:
      - Conduct a national communication campaign annually on the topic of universal salt consumption reduction for prevention of hypertension, stroke, cardiovascular diseases and other non-communicable diseases.
      - Conduct salt consumption reduction communication programs and campaigns integrated into annual health days or events such as the World Cancer Day, World Health Day, World Stroke Day, Nutrition and Development Week, etc.
      - Continue to enhance behaviour change communication on salt consumption reduction via face-to-face communicators in the community.
      - Develop and broadcast communication messages on salt reduction on Vietnam Television and the Voice of Vietnam; post communication articles on online newspapers and traditional newspapers; periodically broadcast communication messages on salt reduction on the provincial/city radio and television and on commune/ward public address systems nationwide.
      - Apply new communication forms such as the Internet, SMS, and social websites by posting articles and messages, constructing a portal on universal health with a salt reduction guidance column, creating fanpages on salt consumption reduction on social websites.
      - Design and disseminate salt reduction communication materials: billboards for provinces/cities, picture folders and communication
Display posters and messages, distribute leaflets on salt consumption reduction in markets, supermarkets and catering service providers.

3. Professional and technical solutions

a) Salt consumption reduction intervention in schools

- Develop guidance on knowledge and skills for communication on salt consumption reduction in schools; organize seminars/trainings for awareness raising and communication guidance for education managers, teachers, school health staff; training for cooking and waiting staff on salt reduction measures in selecting and processing foods and serving meals to school-children.

- Develop communication materials and conduct communication activities for school-children and students on low-salt diets, minimize fast foods, processed foods and snacks.

- Serve low-salt school meals with proper nutrition to semi-boarding and boarding school-children including: selecting low-salt foods; reducing salt in preparing meals; reducing salt, spices and sauce on the dining table; provide and disseminate messages, warnings, and instructions on salt reduction at kitchens, dining tables, restaurants and canteens in schools.

- Manage the operation of school canteens and catering services to limit school-children’s access to high-salt foods; enforce regulations on banning sales of unhealthy foods at school gates.

- Perform counseling on health, nutrition and salt consumption reduction with school-children, their parents; periodically monitor the nutrition and growth status and perform health checks for school-children for early detection of health risks and diseases.

b) Salt consumption reduction interventions for high-risk people and patients

- Develop knowledge dissemination materials, use electronic portals to provide information and guidance on low-salt diets for patients of hypertension, cardiovascular diseases and other non-communicable diseases.

- Develop professional guidance documents, provide training to enhance capacity for health workers of different levels on nutrition counseling, salt reduction in treatment, care and management of patients, especially for grass-root health workers.

- Provide counsels and guidance on low-salt diets in treatment of hypertension, cardiovascular diseases and other related diseases in medical care facilities.

- Commune health workers shall provide counsels and guidance on salt consumption reduction to patients of hypertension and cardiovascular diseases receiving outpatient treatment at health stations; hamlet health staff shall visit families to measure blood pressure and monitor and encourage hypertension patients to apply low-salt diets and adhere to treatment at home.

c) Salt consumption reduction interventions in households and the community

- Develop the guidance document set on salt reduction communication in the community; provide training on salt reduction communication and counseling to hamlet health staff, collaborators and commune health worker; organize seminars to raise awareness and seek support and involvement of local authorities and mass unions in the community salt reduction programs.

- Broadcast communication messages and articles on commune/ward public address systems.

- Arrange hamlet health staff’s and collaborators’ visits to households to distribute communication materials, give counsel and guidance on salt reduction practice to the people focusing on the following aspects: (1) the harm of excessive salt consumption to health and recommendations on salt reduction, (2) how to identify high-salt foods, (3) how to reduce salt in cooking and preparing foods, (4) reduction of salt, fish sauce and salty spices on the dining room. Visit households to measure blood pressure, give counsel to suspected hypertension patients and persuade them to visit health stations for diagnosis and treatment.

- Commune health staff shall collaborate with hamlet health staff and collaborators to organize community social meetings, talks to provide salt reduction messages, integrated into hamlet meetings, women meetings, elderly meetings, authorities meetings and other community meetings.

- Implement and roll out clubs and social meetings of women’s unions to share knowledge and experience on low-salt cooking in households.
- Consolidate and maintain clubs of diabetes patients, hypertension patients, cardiovascular disease patients, etc. at the commune/ward level.

**d) Salt consumption reduction interventions in catering service providers (restaurants, food shops and canteens, etc.)**

- Collaborate with catering service providers to perform salt reduction measures for menus.
- Provide materials, guidance and training to chefs, cooks and restaurant staff on salt reduction techniques and measures for menu foods.
- Apply salt reduction measures in restaurants including: selecting low-salt foods; reduce salt in preparing and cooking foods; reduce the types and quantities of spices, fish sauce and salt available on dining tables.
- Provide warning messages on the harm of excessive salt consumption to health and recommendations on salt reduction measures for customers: (1) display posters in restaurant precincts, (2) display messages and instructions in kitchens, (3) display warning messages and advice on customers? dining tables, (4) mark and note high-salt foods in the restaurant menu.

**d) Salt consumption reduction interventions in food production and trading establishments**

Food producers and traders shall implement measures to reduce salt in packaged foods; and for the immediate future, select certain common high-salt foods:

- Supplement details of food on labels including: (1) disclose the added salt content of foods, (2) give warning about high-salt foods, (3) give warning about the harm of excessive salt consumption to health and recommendations on the maximum salt amount consumed per day.
- Reduce the salt content in foods for certain types of packaged foods.
- Apply scientific and technology measures to produce low-sodium salt or sodium replacements ensuring proper nutrition and food safety.

**4. Resource solutions**

**a) Human resource development**

- Strengthen and enhance the capacity of nutrition staff and grass-root health workers, especially hamlet health staff and nutrition collaborators on communication and counseling for community dietary salt reduction.
- Enhance the capacity of nutrition and dietetics staff and clinical physicians in medical care facilities to develop menus and give guidance on nutrition and low-salt diets for treatment and management of patients of hypertension, cardiovascular diseases and other related diseases.

**b) Ensure financial resources**

- Provide adequate finance for salt reduction intervention activities from various sources: central and local state budget, health insurance, socialization and other legal sources, while the state budget is used with priority for communication, surveillance and interventions for community salt reduction.
- Mobilize and seek contribution from enterprises, organizations and individuals to provide resources for application of technology solutions, development of community salt reduction models and enabling people to practice healthy behaviours.

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**M&E Indicators**

**M&E Indicators related to nutrition:**

- More than 90% of adults know the harm of excessive salt consumption, identify high-salt foods and know measures to reduce salt intake.
- More than 60% of adults implement at least one measure to reduce salt intake in their daily diet.
- The average salt consumption of an adult is reduced to 7 gram per day.
- More than 90% of primary and secondary school-children understand the harm of excessive salt consumption and identify high-salt foods; more than 70% of school-children implement at least one measure to reduce salt as recommended.
- 100% of boarding schools and semi-boarding schools that serve school lunch adopt the low-salt diets for school children.
- More than 90% of people detected of contracting hypertension, cardiovascular diseases and other related diseases are counseled and instructed on adopting the low-salt diet.
- 90% of relevant ministries, agencies, sectors and mass unions collaborate with the Ministry of Health to promulgate policies and implement communication intervention plans for reducing salt intake in the people's diet.
- 90% of centrally-run provinces and cities allocate funding and implement the health sector's plan for dietary salt reduction communication and interventions in the localities.
- More than 30% of food and catering service providers implement at least one salt reduction measure in cooking, processing and provision of foods.
- More than 30% of processed food producers have at least one low-salt product and label products to disclose the salt content, indicate high-salt foods and make warning about health problems due to excessive salt consumption.

**M&E Indicator types:**
Outcome indicators

**URL link:**
https://extranet.who.int/ncdcs/Data/VNM_B23_English translation of QD2033_Action Plan on salt reduction.docx

**File upload:**
[✔️ VNM_2018_English translation of Action Plan on salt reduction.pdf]

**Reference:**
WHO NCD Country Capacity Survey 2019

**Policy topics:**

- Raised blood cholesterol
- Raised blood glucose/diabetes
- Raised blood pressure
- Sodium/salt intake
- School-based health and nutrition programmes
- Promotion of healthy diet and prevention of obesity and diet-related NCDs (general)
- Food labelling
- Reformulation of foods and beverages
- Salt/sodium
- Media campaigns on healthy diets and nutrition
- Salt reduction
- Food safety
- Sodium-salt (M/V)
- Canteens
- Restaurants
• School canteens
• Amount of salt/sodium

Links