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
I. VIEWPOINTS

1. Excessive salt consumption is the risk factor causing hypertension, stroke, cardiovascular diseases and other non-communicable diseases. Salt consumption reduction is one of the most important and effective measures to prevent diseases and reduce disability and mortality due to these diseases.

2. To implement measures to reduce dietary salt intake to protect health and prevent and fight against diseases is the responsibility of all authority levels, sectors, food producers and traders, related agencies, organizations and individuals, and each citizen while the health sector plays the core role in professional and technical terms.

3. To raise the community awareness and instruct and mobilize people to reduce salt in food processing and daily meals, and at the same time, strengthen the role and responsibility of organizations and individuals engaged in production, trading and supply of low-salt foods are decisive measures to reduce dietary salt consumption of the people.

4. Resources for investment in salt reduction intervention activities to protect health and fight against diseases are mobilized from various sources among which the state budget plays the driving role.

II. OBJECTIVES

1. 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.

2. Specific objectives until 2025

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

Targets:
- 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.
b) 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.

Targets:

- 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.

c) 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.

Targets:

- 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.

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

Targets:

- 90% of relevant health workers in medical care facilities are fully competent and perform counseling and instructions on low-salt diets in management and treatment of patients of hypertension, cardiovascular, diabetes and other related diseases.
- 90% of related district and commune level health workers and hamlet health staff are competent and perform communications and counseling on salt reduction to the people.
- Establish a database and collect figures periodically to manage and monitor the dietary salt intake, salt content in common foods and effectiveness of interventions.

III. SCOPE, TARGET AND TIMING

1. Scope: The plan is implemented nationwide (63 provinces/cities).
2. Implementation timing: from 2018 to 2025.
3. Communication target and focus
   a) Communication target and focus of Objective 1:
   - Target: People in the community; school-children’s parents; officers, teachers, school-children, health staff, kitchen staff of schools; high-risk people; and patients of cancer, cardiovascular diseases and hypertension.
   - Communication focus:
     + What is excessive salt consumption? How to identify high-salt foods.
+ Harm of excessive salt consumption.
+ Salt reduction measures.
+ Instructions on how to interpret food product labels.

b) Communication target and focus of Objective 2:
- Target: Leaders of authorities, ministries, agencies, sectors and mass unions at all levels; delegates of people’s councils and National Assembly Delegation of provinces/cities; domestic and international organizations.
- Communication focus:
  + Scientific evidence on the harm of excessive salt consumption to health.
  + Health and economic benefits obtained if diseases due to excessive salt consumption are prevented.
  + Dissemination of relevant policies and legal documents.
  + Experience of different countries on salt consumption reduction.
  + Mobilization of resources for salt consumption reduction communication and intervention.

c) Communication target and focus of Objective 3:
- Target: Organizations and individuals engaged in food production and trading; catering service providers.
- Communication focus:
  + Dissemination of relevant policies and legal documents
  + Scientific evidence on the harm of excessive salt consumption to health.

IV. 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 manual for commune health stations, posters for commune health stations, enterprises, agencies and schools.

- 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.

5. **Scientific research, monitoring and surveillance solutions**

a) Enhance capacity, promote scientific research in salt consumption reduction interventions:

- Study and initiate production and trading of low-sodium salt, fish sauce and spices.

- Study and apply technology in production of different types of processed foods and common low-salt nutrition products, replacement of sodium salt with other non-sodium salty spices that ensure nutrition quality and food safety.

- Study the high-salt food consumption habit of the people and related factors to propose appropriate intervention solutions.

- Develop a pilot model of salt consumption reduction interventions in households, schools, agencies, factories, restaurants, enterprises, etc., evaluate, improve and roll out the effective model.

b) Establish a population salt consumption surveillance system integrated into the surveillance system of nutrition and risk factors of non-communicable diseases:

- Finalize the national indicator set and surveillance processes and tools to be applied nationwide for salt consumption surveillance in the community and food producers and suppliers, surveillance of disease patterns and factors related to excessive salt consumption, evaluation of salt reduction intervention results. Develop standard evaluation methods to measure and monitor the salt content in some processed foods.

- Conduct periodic national surveys on population salt consumption integrated into surveys of non-communicable disease risk factors.

- Periodically survey and collect data to monitor the salt content in packaged foods and the trend and level of high-salt food consumption.

- Assess the progress of implementing the plan’s targets and objectives.

- Build up a database system for management and disclosure of information and data on the people’s dietary salt consumption and related health matters.

- Enhance inter-sectoral examinations and supervisions of different levels on implementation of dietary salt reduction.
6. International cooperation solution

a) Proactive and actively seek cooperation with different countries, institutes, schools and associations in the region and the world for research, training and professional and technical development in salt consumption reduction intervention.

b) Enhance cooperation with WHO and other international and domestic agencies and organizations to support and promote implementation of salt reduction interventions; integrate international cooperation projects with the plan’s activities to meet the intervention objectives.

c) Enhance study tours, information exchanges and experience sharing on salt reduction intervention models in countries in the region and the world.

IV. FUNDING FOR PLAN IMPLEMENTATION

Funding sources to implement the plan include:

1. Central and local state budget
2. Funding mobilized from the community and domestic organizations.
3. Support funding from international organizations.
4. Other legal sources.

V. ASSIGNMENT OF RESPONSIBILITY.

1. Ministry of Health

   a) Vietnam General Department of Preventive Medicine (GDPM):

      - Act as the agency in charge of coordination and management of the plan implementation.
      - Lead and organize implementation of capacity enhancement activities on salt consumption reduction intervention for the preventive medicine system.
      - Lead, instruct, inspect, supervise and organize the implementation of salt consumption reduction intervention activities.
      - Act as the focal point to coordinate ministries, agencies, sectors and mass unions in communication and social mobilization to perform community salt reduction interventions.
      - Act as the focal point to monitor, supervise and evaluate implementation.

   b) Department of Communications - Emulation and Reward

      - Lead and coordinate related units to develop legal normative documents, policies and regulations in communication and social mobilization to perform salt reduction interventions.
      - Lead and collaborate with GDPM and related units to provide information on salt reduction interventions to protect health and prevent and control diseases for press agencies.
      - Collaborate with the Ministry of Information and Communications to provide consistent guidance to mass media and local agencies of information and communications on collaborating with the health sector to conduct communication and social mobilization activities for salt reduction interventions.

   c) Department of Planning and Finance shall lead and give guidance on a fund management mechanism of the Plan; allocate fund from health – population target
programs and other legal sources to ensure implementing the approved objectives of the Plan. Proactively provide counsel to the Ministry leaders on sourcing and utilization of fund from the state budget, domestic and international organizations for salt reduction intervention communication.

d) Vietnam Food Administration (VFA):
- Act as the focal point to coordinate related units in establishing a standard norm of salt to be added to packaged foods; regulations on product details, warning on food labels about the harm of excessive salt consumption to health, and recommendations on the maximum salt level to be consumed per day and warnings about high-salt foods.
- Collaborate to supervise and evaluate the Plan implementation.

d) National Centre for Health Communication and Education:
- Collaborate with related units to provide communication message contents; develop and disseminate communication materials to the community.
- Provide training to enhance communication capacity for central communicators and support in enhancing communication capacity of local communication networks on salt consumption reduction interventions.
- Give guidance to the health communication and education system and related units in provinces/cities to implement communication activities on salt consumption reduction intervention.

e) National Institute of Nutrition (NIN):
- Develop professional guidance, provide training to enhance capacity of nutrition staff in medical care facilities on counseling and guidance on low-salt diets in treatment and care of patients.
- Develop professional materials, provide training to enhance capacity of nutrition staff of different levels, especially the grass-root level, on counseling and guidance on low-salt diets for the people, high-risk groups and patients in the community.
- Give guidance and organize implementation of community salt reduction interventions within its management area.

g) Departments, administrations and related units shall implement the Plan within their respective management areas.

2. Request to related ministries and sectors

a) Ministry of Education and Training:
- Collaborate with the Ministry of Health and related ministries and sectors to develop and implement policies, regulations and guidance on serving low-salt school meals, providing low-salt healthy foods for children, pupils and students in educational institutions.
- Lead in effectively implementing behaviour change communication and education activities on salt consumption reduction, proper nutrition and care of children’s and pupils’ health in educational institutions.
- Lead in managing the operation of school canteens and services to restrict pupils’ access to high-salt unhealthy foods.
b) The Ministry of Trade and Industry should improve management of high-salt packaged food trading within its management area in order to minimize risk factors for health; collaborate to develop and promulgate under its authority policies to promote socialization and encourage enterprises to invest in trading of low-salt healthy foods.

c) Ministry of Information and Communications should collaborate with the Ministry of Health, ministries and local authorities to give guidance to agencies of information and communications, telecommunication enterprises and related entities to implement activities within their respective management areas; lead press and broadcasting agencies to prioritize posting articles and use air time for salt consumption reduction communication as appropriate.

d) The Ministry of Labour - Invalids and Social Affairs should collaborate with the Ministry of Health and related ministries and sectors to communicate and instruct heads of agencies and organizations and employees regarding dietary salt reduction; collaborate with Vietnam General Confederation of Labour (VGCL) to serve low-salt meals with proper nutrition to employees.

e) Vietnam Women’s Union should closely collaborate with the health sector to communicate and disseminate knowledge on dietary salt reduction to members and mothers; mobilize individuals, organizations and the community to actively participate in community salt consumption activities, especially salt reduction practice in processing and cooking foods in households.

3. Centrally-run cities and provinces.

a) People’s Committees of centrally-run provinces and cities should lead their Departments of Health and related departments and sectors to collaborate in implementing dietary salt reduction communication and intervention; incorporate dietary salt intake reduction indicators into related programs and plans; allocate adequate funding, manpower and physical infrastructure to implement the Plan locally.

b) Provincial Departments of Health should lead focal point Preventive Medicine Centers/Centers for Disease Control to collaborate with related local units in the followings:

- Develop and implement the Plan for dietary salt reduction communication and intervention in their respective localities.

- Implement capacity enhancement activities for the preventive medicine network and health facilities on salt consumption reduction intervention.

- Implement examinations and supervisions, reporting of the progress and results of the Plan implementation in accordance with regulations.