Salt matters for Pacific island countries

Mobilizing for effective action to reduce population salt intake in Pacific island countries
Salt: The Hidden Danger
– a documentary on salt and health in the Pacific.
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Top Ten Tips for Salt Advocacy

1. Start with a clear long-term goal and specific objectives for strategic advocacy on salt reduction.

2. Identify key audiences that can drive your agenda forward. These will likely be decision-makers and/or influencers in government, industry and donor/funding organizations.

3. Use relevant, up-to-date research to demonstrate why a campaign for salt reduction is needed in your country and to highlight positive outcomes from around the world.

4. Target your salt reduction message to specific audiences. Think about what drives decision-makers to act and how this will benefit them.

5. Be prepared. Successful salt reduction advocates will be armed with knowledge and experience on how to best field questions and criticism.

6. Establish partnerships with like-minded organizations and individuals to strengthen your base of support, spread your message and provide credibility to your campaign.

7. Work with the media. It is vital to any advocacy campaign and is an efficient, cost-effective means of spreading your salt reduction message to a large audience.

8. Use e-advocacy. Employing online and mobile tools will allow you to communicate faster and to more people, creating virtual advocacy communities.

9. Maximize opportunities for advocacy. Consider organizing salt awareness week events or participating in conferences that will put you in direct contact with your target audience and increase your exposure.

10. Take stock of your advocacy work on salt reduction, reassess your strategy and redirect your efforts to align with evolving aims and objectives.
This toolkit was informed by evidence and experience of advocacy work related to salt reduction in the Pacific island countries and globally and is in line with the *WHO guideline on sodium intake for adults and children* (2012). Available tools to support the development and implementation of a salt reduction advocacy strategy within Pacific island countries were also identified through a thorough review process.

The toolkit was developed by the Food Policy Division, a WHO Collaborating Centre for Population Salt Reduction at The George Institute for Global Health. The document and the Tools included in the toolkit were reviewed by both regional and international experts in the field for quality and relevance and adapted accordingly.

The toolkit was drafted by Anthea Christoforou under the supervision of Jacqui Webster with additional input from Shauna Downs and Mary-Anne Land at The George Institute. The authors gratefully acknowledge country contacts that provided materials for tools and case studies, Jimaima Shultz (independent nutrition consultant, Fiji), Wendy Snowdon, (Director C-POND, Fiji), Peter Sousa Hoejskov and Temo Waqanivalu (Technical Officers, World Health Organization Office for the South Pacific) for technical input and expert advice, and Pasifika Communications, Fiji, for the cover design and layout.

The toolkit was commissioned by the World Health Organization Office for the South Pacific. The analysis is the authors’ own and does not necessarily reflect the views of the World Health Organization or The George Institute for Global Health.
Salt matters for Pacific island countries

Why reduce salt?

Eating too much salt is bad for health because salt increases blood pressure. (1) High blood pressure is the biggest contributor to heart disease and stroke in the Pacific islands and is responsible for 13% of all deaths globally. (2) Foods high in sodium* like bread, margarine, crackers, noodles, soy sauce, canned foods, chips and crisps, curries, and salted fish are all common staples for many households in the Pacific island countries and areas. The growing use of processed foods, meals eaten away from home and adding salt to foods prepared at home means that sodium intakes are likely to be high and increasing. Reducing dietary salt is a highly cost-effective means of reducing blood pressure and cardiovascular risk. (1, 3, 4) High salt intake has also been connected with a range of other diseases including gastric cancer, Meniere’s disease, kidney failure and asthma. (3) Salt reduction is therefore a practical and cost-effective intervention to reduce the burden of noncommunicable diseases (NCDs) worldwide. (2, 5) Since 2006, the World Health Organization has been harnessing technical expertise in support of nations’ efforts to reduce average population salt intake towards the target of 5 grams a day. (1, 2) In May 2013, the World Health Assembly agreed on a set of targets for NCDs including a 30% relative reduction in population salt intake by 2025. (6) The implementation of an effective monitoring and surveillance programme (of trends and determinants of NCDs) is also an objective of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. (7)

National programmes designed to reduce salt consumption have become widespread around the world. (8) A recent evaluation of the salt reduction initiative in the United Kingdom of Great Britain and the Northern Ireland demonstrated a significant reduction in average intakes from 9.5 grams/day in 2000 to 8.1 grams/day in 2011 (9) estimated to be saving approximately 9000 lives a year. (10) While each salt reduction strategy is different, key elements are common: i) working with the food industry and caterers to reduce salt in processed foods and meals; ii) efforts to change consumer behaviour; and iii) monitoring and evaluation of programmes. (8) What singles out salt from most other dietary interventions is the potential for impact without relying solely on changes in individual behaviour. Salt reduction programmes can be implemented within the framework of the existing NCD strategies and they have a huge potential for demonstrating increased health outcomes over a relatively short timescale.

Salt reduction and iodine fortification

Strategies to reduce dietary salt can complement programmes to control iodine deficiency. Many countries have adopted either universal salt iodization (USI) or voluntary salt iodization to try to eliminate iodine deficiency disorders.

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* Sodium is most commonly consumed as part of salt (sodium chloride) added to food during manufacture, or added by the consumer during cooking and or at the table. Both terms (salt and sodium) will be used interchangeably throughout this toolkit.
Adequate iodine intake is required for optimal childhood growth and development and to ensure a healthy adult population. The current International Council for the Control of Iodine Deficiency Disorders (ICCIDD/UNICEF/WHO) guidelines recommend salt iodization within the range of 20-40mg of iodine per kg of salt. Within this range, based on salt intake patterns of 7.5 and 3.75 grams of salt per day for adult men and women, respectively, iodine requirements would be met.

WHO endorses USI and reaffirms that the public health goals of reducing salt and increasing iodine intake through salt iodization are compatible as the concentration of iodine in salt can be adjusted upwards as salt intake is reduced.

Why this toolkit?

Leaders of the Pacific island countries highlighted the potential impact of salt reduction strategies at the Pacific Food Summit in Vanuatu in April 2010 and at the Pacific NCD Forum in Fiji in June 2010. The WHO South Pacific Office is committed to supporting Pacific island countries to develop and implement national salt reduction strategies. Consultations on salt reduction have been held in a number of Pacific island countries and some strategies and proposals for actions have been developed. However, while a range of activities have been undertaken, implementation of programmes is not happening on the scale required to result in real change primarily due to lack of capacity and resources. There is an urgent need for advocacy to raise awareness on the importance of salt reduction among key leaders and decision-makers in the Pacific. The objective of this toolkit is therefore to provide people with an interest in public health the information and tools required to implement advocacy activities on salt reduction.

What is advocacy?

Advocacy is about making the case for change, about influencing people and organizations in relation to a particular issue or cause, for example salt reduction. Therefore, advocating salt reduction is simply persuading leaders and decision-makers of the fact that salt is bad for health and that they need to take action to reduce population salt intake.

Who should advocate for salt reduction?

Anyone can be an advocate for salt reduction. This might include health workers, school teachers, community leaders, nongovernmental organizations, doctors and hospital workers, academics, government workers, journalists, and the general public.

The most successful advocacy campaigns involve different individuals and groups coming together to champion an issue.

This toolkit is aimed at people working on or with an interest in improving public health who want to influence leaders or decision-makers to take action to reduce population salt intake.

How to use this toolkit

So, where should you start if you need to persuade opinion leaders and decision-makers of the need to take action to reduce population salt intake in your country?
This toolkit provides a wealth of information and ideas to help you develop your salt reduction advocacy strategy. The information is organized under six sections:

Section 1 broadly sets out the key elements of salt reduction strategies and highlights the questions that you will need to consider before you start your advocacy campaign.

Section 2 provides guidance on developing a salt reduction advocacy plan including establishing goals and objectives, identifying decision-makers and influencers, developing key messages and using research.

Sections 3 and 4 provide information on how to implement your salt reduction advocacy strategy including communicating directly with decision-makers or the food industry and using the media and other indirect communication channels.

Section 5 highlights the importance of monitoring and evaluating the impact of your salt reduction advocacy actions and provides some tips on how best to do this.

Section 6 provides examples of tools and bibliography available to support you in developing and implementing a salt reduction advocacy plan.

**Navigating Symbols**

Advocacy TOOLS: This symbol will prompt you towards relevant material located in Section 6 (Tools and bibliography) of this toolkit.

Advocacy TIP: Key information for establishing and implementing your salt reduction advocacy plan.

Advocacy LINKS: This symbol will prompt you towards additional guidance online detailed in Section 6 of this toolkit.
Salt matters for Pacific island countries
Section 1. Key Elements of a salt reduction strategy

Understanding the rationale for salt reduction and what key elements of a salt reduction strategy are, is an important starting point. Before developing your advocacy strategy you need to consider the following points.

- Be very clear of exactly what you want to do in your advocacy work and how this can best fit into your country’s broader framework for salt reduction.

- Ensure you complement the work done by others by calling a meeting of people and organizations to develop a multifaceted approach to reduce population salt intakes.

- Have a clear understanding of what a comprehensive strategy to reduce population salt intake will look like.

- If your country has a salt reduction strategy, establish which bits of the picture are missing and how advocacy work can support progress? Is there a clear message supporting salt reduction and iodine elimination?

- If nothing happening then you need to advocate for the government to develop and implement a comprehensive strategy.

- If there are already some activities in place then you may want to advocate for stronger or more effective action.

There is no blueprint for reducing population salt intake. However, there are a number characteristics and elements common to many salt reduction strategies around the world. These are illustrated in the framework (Fig. 1) followed by more detailed descriptions of each element.
Figure 1. A Framework for Salt Reduction

Governance and strategy development

Decisions need to be made about a salt reduction strategy before you can start advocating for action. A comprehensive salt reduction strategy requires engagement by different organizations. You need to consider:

- Who is best placed to lead the development and implementation of the salt reduction strategy?
- How will support be mobilized?
- What sort of governance mechanisms will you advocate for?
- What specific objectives should be and what approach is most likely to work in your country?

Deciding leadership

Any organization can lead in the development and implementation of a salt reduction strategy. Most often it is the government (usually the Ministry of Health), with sometimes the food industry or occasionally nongovernmental organizations or advocacy organizations, taking the lead. The ultimate goal of advocates is to push for government leadership since the government is best positioned to coordinate the activities of other stakeholders.

Mobilizing support for action

Mobilizing support for action includes agreement among key stakeholders, opinion leaders and decision-makers on the evidence base and rationale for reducing salt intake. This can be done through:

- preparation of briefing documents that are then distributed widely via media;
- highlighting success of other countries by inviting key speakers to local stakeholder meetings or conferences;
- undertaking stakeholder research; and
- organizing consultation meetings to identify existing information and resources.

Advocacy organizations can mobilize support for action but should also encourage governments or leaders to do this as part of a national strategy development.

Establishing governance mechanisms

Once leadership has been decided and relevant stakeholders drafted to support a salt reduction strategy, an advisory group or committee needs to be established to guide the development and implementation of the programme. The advisory group should:

- be chaired by a high level representative of the leading organization, such as the Minister of Health or the Director of NCDs within the Ministry of Health;
- meet regularly to agree on the strategy and implement activities as well as monitor progress; and
- direct governments or leaders towards the most appropriate governance mechanisms for their country.

Advocacy organizations should aim to secure a place for their representative on the committee or advisory group to ensure they can help to hold the government or leaders of the strategy to account.

Setting objectives and targets

Following the establishment of key stakeholder relations and an advisory group, there is a need to clarify the overall objectives of a sodium reduction campaign. These objectives generally involve the establishment of population and dietary targets. Population-level sodium targets around the world currently range from 5–8 grams/day, although many Pacific island countries with salt activities under way are already working towards the WHO recommendation of <5 grams/day. (8)
Proposed salt reduction goals and objectives for the Federated States of Micronesia

While the Federated States of Micronesia is at early stages of strategy development and implementation, at the salt consultation meeting in Pohnpei in September 2011 a Government resolution was proposed. This commits Government to reducing population salt intakes to 5 grams/day by 2025 with specific actions to engage the food industry and change consumer behaviour.

The specific objectives for food industry engagement that were proposed:
- reducing salt levels in processed foods (in five years);
- increasing the number of institutions committed to reducing salt in foods and meals including bakeries, restaurants, hospital food, schools (in two years); and
- increasing the number of institutions committed to providing and signing low salt meals or processed food options (in three years).

Specific objectives for changing consumer behaviour were proposed:
- increasing consumer knowledge about the dangers of eating too much salt;
- identifying sources of salt in the diet and actions that can be taken to reduce salt by 20%; and
- reducing frequency of consumption of high salt processed foods.

Consultations have been conducted in other states of the Federated States of Micronesia with a view to agreeing to the Government resolution.

Deciding the regulatory approach

Both voluntary and mandatory (legislative) approaches can be employed to advance progress towards dietary sodium targets. A few examples of mandatory approaches have been used globally. Finland has legislated high-salt warnings on different foods and South Africa has recently legislated for upper maximum levels of salt in some foods. (15) Other countries have set targets and asked the food industry to abide by these sodium guidelines on a voluntary basis with clear monitoring and reporting of progress. While regulation is most likely to be effective in the long run and can help establish a level playing field across food processing sectors so to not disadvantage more progressive companies, (16, 17) you should advocate for the approach that all stakeholders think is more likely to have an impact in your country.

Developing a strategy

Once governance, objectives and targets and the regulatory approach have been agreed to, then it is possible to develop a salt reduction strategy. Actions normally include product reformulation, consumer awareness and education campaigns, environmental changes and nongovernmental organizations and advocacy actions. These are described below. Prior to implementing salt reduction actions, it is useful to conduct a baseline assessment to ensure the strategy is targeted effectively and the impact of the strategy can be monitored in the future.
Baseline assessment and key monitoring and evaluation indicators

Strategies can be most effectively targeted through a good understanding of current salt intake; the main sources of salt in the diet; and consumer knowledge, attitudes and behaviour about salt.

The key elements to be measured include:
- average level of population salt intake
- sources of salt in the diet
- salt levels of foods
- consumer knowledge, attitudes and behaviour.

Salt intake is best monitored by measuring sodium excretion. A 24-hour urinary analysis has become the gold-standard method in measuring sodium intake in population surveys. It also provides an opportunity for estimating potassium and iodine intake simultaneously. Incorporating these measures is important as increased potassium intake mitigates the harmful effects of sodium on blood pressure (18) and actions to increase potassium intake should be integrated into salt reduction strategies. Similarly, the inclusion of iodine will inform the fortification of iodized salt in line with varying sodium consumption.

Salt levels in foods and prepared meals can be monitored either through information provided on product labels or menus or through chemical analysis of foods and meals. Chemical analyses of food are more expensive and most Pacific island countries do not have the capacity to carry out such analyses.

In addition to monitoring sodium intake and the composition of food products, it is also useful to monitor consumer awareness and practices related to salt (and iodized salt) in order to inform the magnitude of the community education campaign required. Surveys provide quantitative data against which progress can be measured. This will require regular shop surveys to collect updated data directly from the product label and then subsequent entry into the database to evaluate progress. In Pacific island countries where there is no requirement for nutritional labelling, it may not be possible to obtain a comprehensive baseline assessment of salt levels in foods. In this case information on what is labelled and what is not can be used as an advocacy tool for more effective labelling policies.

There have been initial steps to establish food composition databases in some countries and on regional datasets based on data from Fiji, Guam, Nauru, New Caledonia and Samoa. Work is under way to link these with the global branded food collaboration initiative coordinated by The George Institute for Global Health. So far, eight countries have established food composition databases containing information about the nutrient content of the foods available in their respective country. (19)

The analysis of dietary survey data requires information on the composition of foods. A baseline assessment of salt levels in foods both informs a salt reduction programme and provides a benchmark against which industry progress can be measured.
More information on effective monitoring and evaluation of salt reduction strategies is available in the Tools and bibliography section of this toolkit.

Actions to reduce population salt intakes

Specific actions to reduce salt intakes are the most important part of any salt reduction strategy. At the 2006 WHO technical meeting in Paris, global experts recommended that national salt reduction programmes be built around three “pillars”. (2) WHO’s three pillars are: i) product reformulation; ii) consumer awareness and education campaigns; and iii) environmental changes. In addition most strategies are supported by nongovernmental organizations and advocacy activities. A brief description of each follows:

Main sources of dietary salt and voluntary salt targets

Based on an initial assessment of key contributors to salt in the diet in Fiji, priorities for reformulation to reduce salt include:

- spreads and sauces
- noodles
- crisps and salty snacks
- canned meat
- canned fish
- canned fruit and vegetables – ivaivi, duruka, breadfruit
- breads.

Proposed targets for each of these food categories have been established by a ‘Food Industry Salt Action Challenge Group’ which is led by the National Food and Nutrition Centre in Fiji and whose primary objective is working with the food industry to reformulate salt in foods.

Product reformulation

This involves engagement with food manufacturers, distributors and providers to get them to take salt out of foods and meals. It is of particular importance because in many countries 75% of dietary sodium is derived from processed foods and meals. In Pacific island countries, this may be less but is likely to be increasing due to the accelerated reliance on processed foods and foods eaten out of the home. Engaging with industry generally involves processors, vendors, ingredient suppliers, caterers, restaurants and importers. Countries with strategies in place have adopted a variety of actions to encourage manufacturers and caterers to reformulate foods and meals. For example, Fiji has held a number of meetings with the food industry and is setting voluntary targets with clear and defined timelines for action. Advocates can call for governments or leaders to establish clear mechanisms to engage the food industry to reduce salt in foods but can also engage with them directly (see Section 3).

Consumer awareness and education campaigns

Raising awareness and educating consumers to change their attitudes and behaviour are essential components of most salt reduction strategies. (8) The effectiveness of consumer education as part of salt reduction programmes has been demonstrated in the United Kingdom where The Food Standard Agency’s consumer campaign evaluation showed a 10% increased awareness of the benefits of salt reduction on health from the start of the campaign in 2004 to 2009. (16)

Consumer awareness campaigns can be run by either nongovernmental organizations or governments but in both cases the approaches taken are varied and often incorporated into broader nutritional campaigns. Key messages generally focus on the harmful effects of salt on health and provide tips on how to reduce salt in diets, including reading and interpreting nutritional labels.
Environmental changes

Environmental changes aim to make the healthy choice the easiest and most affordable choice. Such changes include school and workplace interventions such as educational programmes, nutritional standards for menus or public procurement programmes, as well as pricing and promotional strategies and development of clear labelling systems. Labelling of food products and how they are marketed influence consumer choices. Not all countries require mandatory labelling of salt or sodium on nutritional information panels, and where there is information it can be confusing. Labelling should be clear, easy to read and understand, and consistent with consumer awareness messages. Many countries are now also advocating clear front-of-pack labelling, such as colour-coded traffic lights or high-salt warnings, which allow consumers to make quick and healthy food choices (8) and have been shown to encourage reformulation by manufacturers hoping to make health claim on their products. (20) Retailers can also improve the availability and position of low sodium products in supermarkets and retail shops. Some Pacific island countries already have activities to restrict marketing of foods, particularly to children, which can be developed specifically to target foods high in salt.

Nongovernmental organizations/advocacy activities

Nongovernmental organizations and advocacy organizations aim to influence government to support a cause and can play a key role in the development and implementation of salt reduction strategies in different countries. The various approaches they adopt depend on their level of resources and the extent to which, in this case salt reduction, is on the government’s agenda. In some countries the role of nongovernmental organizations and advocacy organizations may be limited to occasional meetings with politicians or the publication of research reports, while in others nongovernmental organizations play a key role in implementing salt reduction strategies, for example by liaising directly with the food industry to encourage them to reduce salt in foods and meals. Nongovernmental organizations are often involved in media activity or organizing events such as those coordinated by World Action on Salt and Health (WASH) as part of World Salt Awareness Week.

For more information see the WHO report “Creating an enabling environment for population-based salt reduction strategies” available in the Tools and bibliography section of this toolkit.
Doctor consulting a patient on the cause of Siones stroke (simulated)
Section 2. Developing a salt reduction advocacy plan

Public health advocacy is about mobilizing support for change in conditions that promote health and healthy lifestyles. In the process of developing strategies for population salt reduction, as seen in the previous section, advocacy plays a very useful role by shifting the point of action beyond the health sector and into the domain of other government departments, industry and the media, which have the power to bring about decisive action. (21)

To date, little advocacy work on salt reduction has taken place in Pacific island countries despite the issue having been highlighted by government leaders at two forums in 2010. Scaling up initiatives in this area could have enormous implications for progress towards decreasing the amount of salt consumed by the population and correspondingly downstream effects on reducing the burden of chronic disease in the Pacific – a region with some of the highest levels of NCDs in the world. (22)

For salt reduction advocacy to be effective, a range of techniques must be employed and will depend on well-planned, sustained action from multiple players from various sectors. (23) The strategies and practical tools needed to develop and implement your advocacy strategy on salt are detailed in the next two sections of this toolkit and summarized in Fig. 2 below.

Figure 2. The Advocacy Process for Salt Reduction

Effective advocacy activities start with clear goals and strong strategic communication in order to educate people about the need for action.

When starting your advocacy work you will need to establish a clear long-term goal for your sodium reduction campaign, which will be the ultimate goal you want to achieve. Once your long-term goal is established, the next step is to develop an advocacy plan which is built on short-term objectives designed to reach this goal. The WHO suggests that all advocacy objectives be SMART: Specific, Measurable, Achievable, Realistic, Time-bound. (24)
Goals and objectives are necessary to clarify what your advocacy strategy aims to accomplish, as well as to evaluate the extent to which the desired outcomes have been reached. In the context of advocating for sodium reduction in Pacific island countries there may be a long-term goal and short-term objectives.

**Long-term goal:**
A coordinated government strategy to reduce population sodium consumption to 5 grams/day by 2025.

**Short-term advocacy objectives include:**
1. securing the commitment of your boss or organization to support salt reduction work for the next five years;
2. achieving local or regional media exposure for salt reduction every month;
3. getting policy-makers to include salt reduction strategies in their annual work programmes;
4. persuading governments to adopt and promote a national sodium target as part of their annual health strategy;
5. getting the food industry to commit to reduce sodium in foods and meals; and
6. ensuring that sodium intake is measured as part of the next national nutrition survey, hypertension survey or through NCD surveillance surveys.

Examples of how these specific objectives fit into the SMART framework can be found in the Tools and bibliography section (Tool 2).

Making the goal and specific objectives of your advocacy strategy publicly available can also be used as a powerful advocacy tool, increase awareness and mobilize support for your campaign.
Defining target audiences

Having established your ultimate goal and objectives for your advocacy campaign, you will need to identify key audiences that can drive your agenda forward. Knowing your specific audience will make it possible to plan your communications logically and develop specific communication strategies to best advance your salt advocacy plan.

Generally in advocacy work there are two main audiences:

1. decision-makers who will be your primary audience; and
2. influencers or secondary audiences whose roles are to influence the decision-makers.

The more specific your target audience is the more effective your communication will be. (24) To identify the best audience for your salt advocacy campaign you need to ask questions such as: Who sets the agenda that you are trying to influence? Who allocates necessary funds? Who normally takes the action you seek? Then consider if communicating directly with decision-makers is feasible or if you need to engage with influential individuals and groups as well. Remember even within decision-making groups there may be a hierarchy and some of these members could act as potential influencers within the organization or to other targeted groups. The food industry for instance plays a huge role in influencing government even though they themselves have a role in deciding whether salt reduction strategies are implemented.

Potential decision-makers

Decision-makers for salt reduction in Pacific island countries are likely to be:

1. **Government**
   - presidents and prime ministers
   - health ministers
   - budgetary decision-makers (Cabinet, ministries of finance, planning)

2. **Food industry**
   - manufactures
   - importers
   - vendors/retailers
   - caterers

3. **Donor/funding agencies**

4. **Community leaders**
   - church leaders
   - head teachers

Advocacy Case Study: The Ministry of Health as powerful influencer (Fatty Meat Ban, Fiji)

Ministries of Health, in addition to playing an important role in supporting advocacy organizations, can often implement advocacy actions directly. In Fiji, the sale of low grade lamb/mutton flaps, was banned in 2000, largely the result of long-term advocacy efforts by the Ministry of Health.

The efforts of the Ministry of Health culminated in a proposal by the Minister to the Cabinet to ban the “dumping” of imports of highly fatty lamb flaps that were unsuitable for consumption in their country of origin. The cheap, low-quality lamb was believed to be contributing to Fiji’s growing burden of NCDs.

In response to the Ministry’s continued advocacy efforts a ban was designed and implemented by the Ministry of Commerce and resulted in the immediate decline in the availability of lamb flaps. Research after the ban also showed an increased awareness of the need to eat healthier foods as a consequence of the ban.

Potential influencers

The individuals and groups that may be needed to influence decision-makers and who may become partners in your salt reduction campaign include:

1. civil society: formal and informal organizations and groups (nongovernmental organizations, faith-based organizations);
2. opinion leaders (community and business leaders, activists, the media);
3. Pacific islands sport and entertainment personalities;
4. teachers, academics, researchers;
5. consumer groups (patient organizations, disease support groups or groups of concerned family members);
6. health-care professionals; and
7. parliamentarians, especially those who belong to special interest groups related to salt reduction.

Different audiences will need different primary communication channels (that is radio, print or TV) and may be at various stages of awareness about the need to reduce salt in your country or region. The more precisely you have defined your target audience, the better you are able to analyse what motivates their decision-making and what information should be communicated to help shape their views to take action. Policy-makers, for example, require tailored information, with compelling evidence to become motivated to act. They will generally be concerned with how much the proposed change or action will cost.

Using key messages

Advocacy is about changing minds. Once your objectives and target audience have been established, the next step is to plan the best way to make your case for salt reduction heard.

Delivering powerful communications is about understanding your target audience. (26) Therefore it is useful to ask yourself questions such as:

- Does this group or individual know much about the impact of salt on health?
- Are they aware of the burden of NCDs in your country?
- Are they busy, with limited time to read letters or documents?

In Pacific island countries and areas there are many competing health priorities, and it is a challenge for those working on NCD prevention to be heard since these diseases do not seem to present an immediate threat to the population. With this in mind it will be even more necessary to take care in developing effective messaging that considers what will motivate your target audience to act. The purpose of advocacy is to persuade decision-makers and/or influencers that there is a need for change and motivate their commitment to action towards salt reduction. This will involve consideration of how action towards dietary salt reduction will benefit them.

A well-constructed key message should be (26):

- clear, concise and compelling;
- evidence-based using facts and statistics that are relevant to the Pacific island countries; and
- free of jargon, acronyms and difficult to understand language.

A good model to use in developing key messages is one of “problem–solution”. For instance, this could be “we are doing x because it will improve/solve problem y’ or ‘we want you to do x because it will improve y”. Ideally, you should have one primary or core key message and two or three secondary key messages. (24)
Primary key messages:
• are your main messages;
• will be broad and appeal to all audiences; and
• will be the general theme that connects your advocacy campaign.

Secondary key messages:
• support the core message;
• explain how core messages can be achieved;
• need to be equally concise and memorable; and
• are targeted to the needs of your specific audience.

These complementary messages will answer the question “What does this have to do with me?”

For an advocacy campaign on sodium reduction core messages (or primary key messages) could be:
• Too much salt is bad for health.
• Dietary sodium causes high blood pressure.
• Sodium intake in Pacific island countries is well above recommended levels.
• Lowering sodium intake would prevent X% of all heart attacks and save X thousand dollars a year in healthcare costs.

Secondary or targeted key messages will include descriptions of the problem and the solution. Some examples of these kinds of messages may be:

The problem
• Most of the salt you eat is hidden in processed foods.
• Salt is the leading risk factor for hypertension, a leading cause of death and disability in Pacific island countries.
• Most Pacific islanders are likely eating more than the recommended 5 grams of salt/day.

The solution
• Reducing salt intake has been identified as one of the most cost-effective measure for improving population health.
• Almost everyone benefits from reducing salt in the diet.
• Reducing salt can reduce the risk of heart attack and stroke by 25–30%.
• A national salt reduction programme can be implemented at relatively low cost within the framework of existing NCD strategies.
• All salt should be iodized.

Some examples of different messages for different decision-makers and influencers are listed below:

Government
• We are calling on the government to develop a strategy to reduce salt because salt is the leading risk factor for hypertension and a low salt diet can reduce the risk of heart attack and stroke by 25–30%.

Food Industry
• The food industry needs to take salt out of foods because salt is bad for health and the majority of salt consumed comes from processed foods.
• All salt added to processed foods and meals should be iodized.

Donors
• Donors and funding agencies should fund salt reduction programmes as they are one of the most cost-effective means of improving public health and reducing the escalating burden of chronic disease.

These messages represent a general overview of what will be needed to begin your advocacy initiatives. It will be necessary to adapt them and create your own secondary messages in line with the needs and circumstances of your country and context. You may also want to consider your country’s political climate and any cultural sensitivities and values.
Preparing for advocacy

In addition to key messages it is essential to develop talking points to build on these messages and assist spokespeople when engaging with a specific audience. Talking points are generally stories, evidence and data to support your claims and can include examples or success stories from other salt reduction initiatives both regionally and around the world. (24) It may also be useful to develop “quotable quotes” that will make your cause unforgettable and can be used when talking to journalists or included in press releases alongside other information. Other useful tools could include “question and answer” or “point-counterpoint” material related to salt and health in anticipation of potentially difficult questions that may be asked by your target audience.

Examples of key messages and point-counterpoint arguments can be found in the Tools and bibliography section (Tool 3 and 4).

Using research on salt reduction

Using relevant, up-to-date research is essential to demonstrating why salt reduction is needed in your country. Knowing the facts will allow you and other advocates to speak credibly and authoritatively, and adds considerable weight to your argument. (24)

Advocacy for salt reduction will require basic information detailing the:

- adverse effects of excess salt on health;
- burden of chronic disease, hypertension, stroke or other salt related disease in your country and region;
- salt reduction initiatives around the world and their outcomes;
- economic costs of salt-related disease in terms of health care and lost productivity;
- cost benefits of a salt reduction strategy in your country;
- current programmes or policies related to NCD prevention;
- levels of salt in different food categories;
- main food contributors of salt to the diet of Pacific island countries; and
- amount or estimated amount of dietary sodium consumed by the population.

Advocates should use a combination of their own regionally specific research and draw on relevant work done by investigators globally. This information is important to make evidence-based recommendations and to highlight positive work done elsewhere. Research produced by government or health bodies is particularly powerful in supporting your message, (24) especially if these groups have been targeted as key decision-makers. The information you identify could be heavy on facts and figures, and while this may be important in influencing some audiences be careful not to overload and confuse others. A balance of statistical evidence with real-life stories will help better relay the human cost associated with salt-related disease in the Pacific.

For links to relevant scientific literature related to salt reduction refer to the Tools and bibliography section and the References.
Salt matters for Pacific island countries

Canned corned beef being cooked with instant noodles
Section 3. Direct communication with decision-makers and influencers

**Selecting channels of communication**

The advocacy plan you develop will focus on delivering your salt message to your target audience. Most advocacy messages will need to be disseminated several times, using many channels to be heard and acted upon. A wide range of communication methods are available and will depend on what best suits your audience and what it will find most accessible and credible. (25)

**Selecting a salt awareness champion**

Convincing your audience will also largely depend on the person delivering the message. (24) Choosing effective spokespeople or “champions” for salt reduction could be a key step in establishing important connections with decision-makers and facilitating trust. You will want to consider someone who is articulate, convincing and who is credible and respected by the audience. (24) Potential messengers to influence government for instance will often be concerned with securing support for legislation regarding salt reduction and may include ministers, financial supporters or respected religious and community leaders.

**Communicating with decision-makers and influencers**

Communicating directly with your audience is perhaps the most cost-effective and powerful advocacy tool. (27) In the Pacific, an initial telephone call or an informal meeting before formalization through emails, letters, or personal meetings can make a huge difference. When engaging with decision-makers and influencers it is often beneficial to have some print materials, such as relevant talking points, question-and-answer documents, as well as policy briefings to aid in making your point and to provide clear, simple recommendations. Information can also be provided in the form of fact sheets and leaflets to your audience, especially influencers who will need accurate information to provide answers to potential questions posed by decision-makers.

*Key messages on salt and health can be found in the Tools and Bibliography section (Tool 3)*
Engaging with government and politicians

There is a long-standing recognition that prevention and control initiatives must include a policy component to complement behavioural intervention programmes (26) and Pacific island countries have already implemented a number of innovative policy interventions. (27, 28) Therefore, a key objective of any salt advocacy strategy must be influencing government policy and securing stronger commitment to make salt reduction a national health priority.

Your advocacy efforts will likely involve engagement with ministers, advisers and civil servants from both regional and national government. Identifying appropriate individuals can be done by using your contact person in each sector or by checking membership of relevant committees related to health, chronic disease, nutrition or education.

These individuals and groups can be effectively targeted through the use of carefully constructed letters, scheduled meetings and briefings with relevant personnel or committees.

Letters to politicians

A formal letter to a politician or minister will often be their initial introduction to your salt reduction campaign, and it will therefore be necessary to be detailed and clear when framing the issue and in outlining what you want them to do in response. A well-constructed letter to a politician should open with the topic you are writing about. You may wish to begin by first introducing yourself and your organization followed by the topic of your letter. This may be that:

- you are “writing to express concern about the level of salt in processed foods” in your region; or
- you “wish to discuss the cost-effectiveness of reducing salt intakes as part of the current health strategy”.

Choose some persuasive points to focus on, taking into consideration what is most likely to gain support for your cause. For example, this might be the burden of cardiovascular disease in your region and the contribution of high dietary sodium to the problem or the evidenced-based approaches taken by other countries in countering the issue. Your letter should then follow with a clear call to action, like the public commitment to salt reduction in your country or more specifically the establishment of clear salt reduction targets, before concluding with a statement encouraging a reply or the proposal of a future meeting.

Tips for written communication with politicians

- Ensure your facts are accurate and credible.
- Personalize the issue. Explain how high-salt diets specifically impact the individual and the community.
- Avoid making assumptions about their views or being critical about their political party.
- Be courteous and polite and end your letter with a “thank you”.
- Always follow up with a letter or phone call.

For an example letter to a politician refer to the Tools and resource section (Tool 8).
Meeting with politicians

Personal meetings are the best way of communicating your salt reduction message. Requesting a meeting with a targeted government group, minister or politician can be difficult since their time is often limited so you will need to be flexible when scheduling to meet them. (29)

Do background research on the politician, minister or committee you are meeting to find out more about their organization and tailor your messages to suit them. This could include reviewing their website for information on current policy statements and whether salt reduction or other chronic disease issues are on their agenda.

Once a meeting is set, it will be important to organize what you will say. A good idea is to prepare a one-page briefing document (or a policy brief) on the issue you want to be addressed at your meeting. The brief should clearly state the purpose of your meeting and may describe:

- the scientific evidence connecting salt to health;
- current salt intake levels and salt content in your country's food supply, if available;
- research findings in relation to other national and international policies;
- cost-effectiveness and benefits of a national campaign;
- the importance of coordination with iodine fortification policies; and
- clear and firm recommendations for policy reform and implementation specific to your campaign's goals and objectives.

During the meeting, begin with who you and your organization are, your role, and why you are meeting with them. Be clear about what you want and outline the long- and short-term benefits to both themselves and their organization in committing to national or local salt reduction. Remember to leave behind the briefing document you had prepared with them and conclude by suggesting how you can help in progressing the issue.

Policy-related actions

It is important to engage with government to help support salt reduction strategies. Building relationships with key decision-makers will help facilitate the implementation of salt reduction strategies.

Government resolution

In addition to communicating with government through meetings and letters advocating for salt reduction, it is also possible to draft government resolutions which detail your organization's commitment to salt reduction and the actions your national salt reduction strategy aims to achieve.

The goal of any resolution is to inspire the reader to take action and approve the resolution. In order for this to happen your resolution must be well-constructed, explaining the issue of high dietary salt (the “whereas” portion) and then proposing a solution to the problem (the “resolved” portion).
The resolution should be distributed as widely as possible through the media and community and stakeholder groups to communicate the importance of the issue and raise continued awareness.

A sample resolution on action to reduce population salt intake from the Federated States of Micronesia can be found in the Tools and Bibliography section (Tool 9) and adapted to suit your countries context.

**Draft food standards**

Similarly, influencing government policy related to salt reduction can also be made through the preparation and submission of draft food standards. These documents give high-level recommendations for food standard agencies and seek to amend existing food standards or adopt new standards for implementation into a country’s food laws. In terms of advocating for salt reduction, draft food standards will generally include recommendations for the total sodium content of a product and/or improved sodium labelling on food packaging.

An example draft food standard for salt from the Cook Islands can be found in the Tools and resource section (Tool 10).

**Tips for managing contacts**

- Develop a database of contacts to support you in your advocacy activities.
- Provide regular email updates.
- Update the database regularly.

**Engaging the food industry**

Central to most advocacy campaigns is engaging with the food industry to motivate the reduction of salt from its food products. This will include communication with food manufactures, importers, trade associations and caterers, as well as local vendors and retailers. There are a number of ways to identify the key individuals or companies you will need to contact for your advocacy work. A good first step is to identify key products or types of food that contribute significantly to salt in your country’s diet and the companies that make or import them. It will be beneficial initially to work and engage with larger companies since any reductions in salt that result from your advocacy effort will probably have a greater impact on the population. Furthermore, these companies may have a better means to make positive change and can act as important examples to the rest of the sector. They will also likely have important contacts, such as trade associations, that can aid in passing on information about other member companies or organizations.

Engaging with the food industry can be done through written consultations, face-to-face meetings with individual companies as well as “working groups” with representatives from multiple companies.

As with meetings with government officials, you will need to prepare a clear outline of the meeting’s objectives and what you aim to achieve from it. When meeting with new companies you may want to discuss their awareness of the issue, whether they have made any efforts so far in reducing sodium in their products, and how they can contribute to your salt reduction strategy. It would be helpful to prepare information that details background, potential strategies for sodium reduction, examples
of best practices globally and clarification of anticipated concerns, such as technical feasibility for reformulation or evidence on taste and consumer acceptability.

Your aim will be to get the particular company to provide a high-level commitment to reducing sodium by a specified amount (for example, 10%, 20%, 25%) over a set period of time (for example, five years). This will require company agreements and action plans that will need to include:

- an audit of existing salt levels;
- comparison of products to category specific targets or other products on the market;
- priorities and timescales for salt reduction initiatives; and
- information on implementation strategies.

Publicizing individual company commitments will also serve as a helpful advocacy tool in motivating industry action from other companies and in holding committing parties accountable for future progress.

**Forming partnerships and coalitions**

Partnering is an effective means of spreading your message to reach a wider audience and will also be an essential technique in maximizing advocacy on a small budget.

Establishing partnerships with like-minded organizations and individuals is a good way to strengthen your base of support, spread your message, and provide credibility and access to communities that may be hard to reach otherwise. (21)

It will be important to find people, or groups of people, who share the same objectives or have influence in your field, region or state to partner with. There may be some differences between your group and a potential partner, but you will likely have the same broad goal of creating a healthier community and region. Potential salt reduction allies can be stakeholders such as United Nations bodies, nongovernmental organizations, academia, different ministries, the private sector including businesses and economists, consumer groups, and religious and faith-based organizations. These are also your potential influencers.

A wide range of organizations have an interest in working on salt reduction in Pacific island countries, so it is important to identify and make contact with these groups first to maximize your message and effectively progress your agenda. These generally tend to be consumer or health related organizations that deal with:

- heart health, stroke, hypertension and NCDs such as the National Heart Foundation, National Stroke Foundation, NCD Alliance, Cancer Society;
- general consumer-focused organizations with an interest in health and diet; and

**Tips for working with the food industry**

- Meet with committed companies regularly.
- Discuss progress and impediments.
- Provide continuing support and understanding.
- Schedule meeting in accordance with milestones set by the company.

*A sample industry action plan template for securing commitment can be found in the Tools and bibliography section (Tool 11).*
• organizations responsible for providing information to particular segments of society, especially groups that target subsets of the population that are more likely to benefit from low-salt diets.

It is also important to include partners that are “inside” the system you want to target in your advocacy initiatives. (21, 24, 29) These may include specific government committees or organizations that:
• have insight into relevant policy agendas;
• will help widen your perspective on the issue;
• can provide valuable support; and
• have access to decision-makers and opinion leaders.

Once you have identified a specific group as a potential partner, make contact and provide information to explain not only your advocacy goals and objectives but why integrative action is vital and how a partnership will benefit the work done by both parties.

Maximizing opportunity for salt advocacy

A successful advocacy campaign for salt reduction could also benefit from the use of additional techniques to maximize awareness and further spread your message. Often these other campaigning tools will involve some creativity and ingenuity and will require collaborative work, drawing on potential partnerships and connections.

Organizing salt awareness events

Public events such as meetings, seminars or workshops to discuss policy and research related to salt reduction initiatives in your country can be a platform for raising awareness about salt and health and for reaching a broad range of target audiences.

World Salt Awareness Week Fiji 2012

World Salt Awareness Week is an annual campaign introduced in 2008 by World Action on Salt and Health (WASH) to raise awareness for the need to reduce population salt intake. In March 2012 Fiji hosted its first ever Salt Awareness Campaign and adopted the international theme of “Reducing Salt: Preventing Stoke”. Week-long salt reduction activities included a display booth at a shopping centre and community visits where people were advised on salt intake and given information, education and communications material, participation in radio talk-shows and the launch of two salt awareness TV advertisements that aired in English, Fijian and Hindi.

When planning an event you will need to be strategic about your audience, the time of year you choose to hold your event and the venue. It may be beneficial to align the date of your salt awareness event with the launch of an activity, report or publication and invite relevant, high-profile and motivated speakers. This will make the event more newsworthy and further increase the reach of your advocacy message. (24)
Tips for planning an effective event

- Set an agenda. This will allow you to best plan and refine your event as well as share information with stakeholders in regards to what to expect.
- Aim for media presence. Invite a range of media or targeted journalists.
- Prepare your material. Decide whether or not you will need printed or audio-visual material. It will also be necessary to consider whether attendees will be given information kits, name tags, etc.
- Familiarize yourself with the audience. Be aware of who is likely to attend and prepare for communication with them.
- Be on the same page. Make sure all staff and speakers know the message and aims of the day.

Tips for preparing effective conference presentations

- Know your audience and tailor the presentation accordingly.
- Keep your talk simple and short, adhering strictly to any predefined criteria.
- Avoid putting too much information on each slide.
- Use an effective and consistent visual style.
- Make sure tables or graphs are easy to read and interpret.
- End with a concluding take-home message and key action points.

Key dates for salt advocacy

Reaching your target audience may sometimes require the use of more creative means. Consider opportunities such as the launch of other government or nongovernmental organization programmes, international meetings, holidays, or national and international awareness days to make your message heard and to engage with key decision-makers and potential partners.

Important dates for salt advocacy:
- March: World Salt Awareness Week
- April 7: World Health Day
- May 17: World Hypertension Day
- Last Sunday of September: World Heart Day
- October 11: World Food Day

Participating in conferences

Public health conferences or those focusing on chronic disease, nutrition, and health and food policy will provide additional opportunities to advocate for salt reduction, form partnerships with like-minded individuals and reach target audiences directly.

Attending a conference will often require the preparation of a talk and slides. See the following box for some useful tips for putting together a high impact talk.
Community awareness programme in Fiji focusing on how to read food labels
Section 4. Implementing a salt advocacy plan: media and communications

The media can be a powerful ally to salt reduction advocates, proving an indispensable resource in today’s growing cyber climate, reaching a larger target audience cost-effectively. In the Pacific, the rising concern regarding NCDs has led to an increase in chronic disease-related publications, and journalists are increasingly interested in these stories for their human-interest angle. Using the media for your salt advocacy work can sway public opinion which in turn can provide needed pressure for change, serving as an important complement to the communication strategies discussed in the previous section.

The degree to which you use media resources for your overall salt advocacy strategy will depend on your available resources and your individual country’s context. This section outlines how you can best incorporate media efforts into your campaign and maximize the coverage, with specific examples both from the Pacific island countries and from other salt reduction campaigns around the world.

Developing your media plan

Working with the media is vital to any advocacy campaign and is an efficient, cost-effective means of spreading your salt reduction message to a large audience. In general, media advocacy for salt reduction will have three broad functions:

1. Raising public concern and in turn attracting attention and increasing political and industry sensitivity.
2. Defining the situation and facilitating discussion. This aspect of media advocacy is essential to critical dialogue on the problem’s solution.
3. Advancing the issue. Raising awareness and swaying public opinion on salt and health could pressure decision-makers towards adopting a particular approach or policy on salt reduction.

Your ability to generate media interest within your community or country requires a professionally executed media plan and will be dependent on building positive relationships with journalists and producers. This will ensure that your message is disseminated accurately, in a way that garners maximum impact and is in line with your ultimate salt advocacy goal and objectives.

Using the media to address salt matters

There is a range of available media outlets in Pacific island countries including local and national TV, radio and printed media such as newspapers or magazines. Deciding which means of media communication is best for your purposes will depend on your objectives as well as your available resource. TV coverage, for instance in the form of interviews with spokespeople on salt reduction, reaches a wide audience and is an important tool when targeting communities with low literacy rates. Alternatively, printed media allows for more developed messages and information to be shared and can also be used by broadcast media.
Attracting media interest

The media’s appetite for health issues is usually vast, and it looks to advocates to provide well-researched and up-to-date information and stories. Keep in mind, however, that the media is not solely concerned with the purposes of advocacy and that media organizations have their own agenda and interests. Even if the particular journalist or media organization supports your salt reduction message, it may be changed in order to suit their own objectives or to generate more interest.

Creating good relationships with journalists

In addition to catching a journalist’s attention, getting your message into the media may also depend on making and maintaining good relationships with the right journalists. It will be important to identify journalists who are actively interested in health-related matters. Start by keeping track of which journalists are writing about NCDs or salt reduction initiatives locally or by phoning and simply asking whether they would be interested in receiving relevant information on salt news.

Once you have identified interested members of the media, make contact and foster a productive relationship with these individuals. Journalists often operate under high pressure with short deadlines so providing quick, accurate and credible information or updates on a story determines whether a story is reported or not and whether they return to you in the future in search of a story or expert opinions.

Communicating your story to the media

Once you have developed your news story and identified appropriate channels of dissemination, the next important step is to effectively communicate this to the media. There are a number of ways to get your story across to the media outlet you wish to target. Issuing news to the media is generally done through press releases and this is probably the best way of alerting journalists to an emerging story. Press releases are also important from an advocate’s perspective as they allow for sufficient information to be made available to journalists and thus hopefully reach your audience. Advocates can also communicate their stories by making broadcast media aware of their initiatives and that they are willing to give interviews.

Tips for gaining media interest

- Create fresh, unusual, shocking and entertaining stories. Journalists appreciate human interest stories where they can interview real-life people to better engage their audience.
- Link your story to events that are already making news. This may include placing a local spin on international events such as World Health Day or World Salt Awareness Week.
- Make reference to any involvement of local celebrities, ministries, industry or schools.

Journalists are attracted to news stories that they feel will interest their audience. An ongoing story can be “new” if it is presented in a novel or updated way. For continued salt reduction advocacy this may include new findings from research you or your colleagues have done or new approaches taken by government, industry or civil society to reduce dietary salt both locally and regionally. Public interest stories on the other hand involve issues that have direct implications to the reader’s lives. These stories may involve an account of salt-related chronic disease on an individual or a success story from other countries or communities making positive achievements in reducing population salt intake.
Advocacy Case Study: ‘One Nation’ Media Advocacy Campaign Guam

Alcohol abuse is both a serious public health and cultural challenge in Guam. Epidemiological data indicate that 36% of high school youth are current drinkers and 19% engage in binge drinking, with alcohol implicated in close to a third of all suicide-related incidents. Focus groups among youth revealed a prevailing misperception that alcohol is part of the “true Pacific island culture”. In light of the situation Guam’s Department of Mental Health & Substance Abuse (DMHSA) set out on a five-year strategic prevention framework to change the social acceptability of alcohol abuse.

In an initial situational analysis by DMHSA, a popular social marketing campaign entitled “Taotao Bud” (Bud People or Bud Nation) was identified as a major enabling factor reinforcing the widespread acceptability of alcohol abuse as part of the Pacific Islander culture. This campaign uses cultural identity, valued images and concepts to promote the consumption of beer. DMHSA developed counter marketing campaign to dissociate the Pacific Islander culture from alcohol consumption entitled the “One Nation Campaign” underlying themes of embracing and respecting island culture and families. The counter campaign employs a creative mass media advocacy approach including traditional and non-traditional mediums such as PSA advertisements featured Island wide in local theatres, family/lifestyle magazines, school posters, TV/Radio stations and daily/college newspapers. The One Nation Campaign was successful in raising Guam’s minimum legal drinking age from 18 to 21 in 2008 and the Association of Pacific Island Legislators (APIL) adopted a resolution calling on the alcohol industry to cease and desist using the “Taotao Bud” campaign stating that it “inaccurately suggests that these islands are peopled by alcoholics and unceasing drinkers of Budweiser; …and that this description is derogatory and racist.” Today the campaign continues to be highly visible in all social networking websites including Facebook and MySpace.

To learn more about the “One Nation” campaign visit: www.onenationguam.com.
http://www.facebook.com/pages/One-Nation-Guam
http://www.myspace.com/onenationguam


Developing effective media releases

Newspapers and broadcast news desks generally receive several media releases each day so it is important that yours is constructed carefully to ensure that it is noticed and ultimately used. There are generally four main types of media releases (29):

1. Media alerts inform the media of upcoming events that can be covered by a journalist. They also provide background information on the event if a news article is to be written.
2. Event outcome. These media releases should include information on the aims of the event, details on attendees, quotes from key delegates, outcomes and future directions.
3. Report or research announcement. This type of media release is used to launch new findings or outcomes. They generally include key findings and their significance, quotes from relevant spokespeople and future aims.
4. Response to event/announcement. Outlines the issue or event, your advocacy organizations views and relevant quotes and future directions.

Once your media release has been sent it is important to ensure that those quoted are available to be contacted and schedule an appropriate time with them if necessary.
Regardless of the type of media release you plan on issuing, in general a good media release should be clear, accurate and reader-friendly. It should also cover the who, what, where, when, why and how and follow a “pyramid” structure (24) with most of the important information at the top and with more general content closer to the end. A good media release should also include:

- your logo, the date and your contact details;
- a punchy, high-impact headline;
- a catchy and intriguing first paragraph;
- memorable quotes from spokespeople;
- short and concise paragraphs;
- limited technical words; and
- relevant statistics and figures depending on whether the media outlet is local or national.

In addition to your one-page release, it will also be helpful to attach a page of background information as well as any relevant, good-quality pictures for journalists to use.

Writing letters to the editor

Another effective technique in reaching a large audience through print media is submitting a letter to the editor. These letters could detail your stance on an issue or may be in response to a previous letter or editorial which opposed or misrepresented your actions towards salt reduction. While this form of communication generally does not carry as much clout as editorial pieces (generated through media releases) the Letters to the Editor section in a newspaper is widely read and has the power to generate debate– an important advocacy tool for raising your organization’s profile and the issue of salt reduction.

Newspapers can receive thousands of letter submissions and preference is generally given to ordinary citizens (29) over lobby and advocacy

Tips for producing high impact letters

- Check the word limit. Most newspapers will have a word limit for letters to the editor. In general brief letters are most likely to be published so aim for about 250 words.
- If your letter is in response to a recently published letter or article make sure to identify these by their headlines, author and date.
- Be timely. Make sure your letter quickly follows the event, report or previous letter or article you wish to discuss or respond to. By doing so you will maximize your opportunity and increase the chance your letter will be published.
- Use a local angle. Framing your letter in a way that brings the issue of high-salt diets back to your community or country (if you are submitting to a national newspaper) will attract the greatest discussion.

Salt media in Fiji

The dangers of high salt-diets on health have gained much attention in national print media in Fiji and in the last year several news articles detailing the high burden of salt-related disease in the Pacific and the need for action to reduce population intake have been published in various print outlets. Salt reduction advocates in Fiji have also taken advantage of Salt Awareness Week events using the “Reducing Salt: Preventing Stroke” campaign in 2012 to make their stories more “newsworthy”.

A sample media release related to salt and health can be found in the Tools and bibliography section (Tool 7).
Giving interviews (print, TV, radio)

Throughout your advocacy campaign you will likely be faced with the need to give an interview regarding your work or an expert opinion regarding salt and health. These will generally be conducted on-the-spot or live-to-air (generally on the phone for radio) or pre-recorded and edited (for radio or TV). Regardless of the type of interview you are asked to partake in, it will be essential that you speak authentically and relevantly of how the issue affects your community as well as the general population.

Tips to help guide your interviews

- Use key messages. Make sure your key messages are evidence-based. Use clear, concise and compelling language and avoid using jargon. Use locally relevant statistics and figures.
- Have talking points and sound bites prepared. This will help to make sure that you are clear and use your key messages in an effective way. Practice ahead of time.
- Use human interest case studies or success stories. Whenever possible try to humanize the story. This will help the audience relate to the story.
- Use a local angle. Try to use a local angle or perspective to the story to make it resonate more with the public.

E-advocacy

In recent years, the Internet has had a fundamental impact on the way public health advocates operate, and many are now using online and mobile tools in order to communicate faster to more people, creating virtual advocacy communities. E-advocacy has been an especially effective means of advocacy in less-developed countries (35) and this may be especially true in the Pacific where wide geographical divides between, and even within, countries typically impair the degree to which resources and information are shared and reach desired targets using traditional advocacy methods.

While these methods may seem initially daunting to non-tech savvy individuals, all that is needed is a computer and Internet access since most online advocacy tools are free. Additionally, there are numerous resources online to assist in your initial setup, and your organization or department is likely to have some experienced members, volunteers or students who will have practical knowledge using these technologies. E-advocacy methods typically employed by salt reduction advocates are briefly detailed bellow.

Establishing a stakeholder database

Perhaps the most important step in developing the electronic component of your salt advocacy campaign is establishing a database of relevant stakeholders and specific audiences to which your efforts will be targeted. This will be critical in reaching a large number of diverse individuals swiftly and with minimal resources.
Generally, stakeholder lists are created as electronic databases on software programmes such as Excel and include information such as the individual’s name, affiliation, position in their respective organizations, email addresses, phone numbers and postal contact details. Stakeholders should include not only those target audiences for your salt advocacy work like government and food industry representatives, but colleagues and partners from universities, consumer awareness groups, nongovernmental organizations and other public health organizations both locally and internationally. Disseminating information and important work to these individuals will not only advance your efforts but influence resources that they may use as advocates for salt reduction as well.

Stakeholder information can be gathered through government and industry websites, or first hand through contact at conferences, events and seminars relevant to your work. It is important to maintain and update your database regularly to ensure that those included are still at their referenced organizations and positions. Using electronic databases in this way will also eliminate the hassle of having important information dispersed in multiple places.

Using email

The contact information established in your stakeholder database will be most useful in developing email lists for distributing your advocacy work. This work should include information on upcoming campaign events, newsletters, key finding report summaries and the latest research findings. You may even wish to distribute recently issued media releases by yourself or organization as an additional means of informing your stakeholders and supporters of your ongoing actions.

Social media campaigning

Social media platforms such as Twitter and Facebook are increasingly becoming an effective means for advocacy. As with email distribution, these e-advocacy tools are useful in reaching wide audiences quickly, organizing events and salt awareness campaigns and in facilitating public debate. By creating social media accounts for your salt advocacy work there is tremendous potential for raising your campaign’s profile. Whether or not you decide to create social media profiles on various sites will largely depend on your available resources and since they require almost daily management, it is important to establish whether these tools will fit into your overall salt advocacy goals and objectives.

Use of social media for advocacy is also an ideal way to form additional networks that can support in your salt awareness campaigning. Twitter for instance, allows you to develop a community to share information, and by posting up-to-date research or campaign outcomes you can potentially get the direct attention of politicians, industry leaders and journalists with minimal effort.
Tips for effective email communication

• Focus on one subject. Emails get a better response if they are focused. Make sure that this focus is also included in the email’s subject line.

• Be professional. Although emails are thought of as less formal means of communication, properly addressing your emails and double checking for proper grammar, spelling and punctuation will give you credibility.

• Respond in a timely manner and remember to follow up if you are awaiting a response. Remember to be clear about when you require a reply, if a reply is urgent. Scan your inbox frequently.

• Divide longer emails into paragraphs and highlight key points – group emails tend to be skimmed and it is important to grab your reader’s attention.

• Avoid sending too much information too frequently. Your stakeholders and supporters do not need to be informed of all aspects of your campaign and irrelevant material may prompt some individuals to request being removed from your email list. Aim to send out an email every six to eight weeks with brief, informative material.

• Always include contact information so those on your email list can follow up with you or another staff member for more information, questions or comments. Remember to include your logo and links to your website or any other online presence you may have.

Salt Advocacy Case Study: WASH Social Media Campaign

Social media now plays an important role in the advocacy efforts of World Action on Salt and Health (WASH). Twitter use has specifically changed the way WASH and its United Kingdom branch, Consensus Action on Salt and Health (CASH), ran their Salt Awareness Week campaign in 2012. Hundreds of tweets were sent throughout the week, with several re-tweets and mentions, with a great response and engagement to questions and comments. The campaign also involved a twitter chat using the hashtag #LessSalt for an hour every day with a number of health groups and individuals such as The Real Bread Campaign, Good Food For Our Money, Children’s Food Campaign and Consumers International getting involved. Different topics such as “food labelling”, “improving consumer awareness” and “who’s responsible for salt reduction” were designed in order to initiate debate and discussion each night.

Source: http://www.actiononsalt.org.uk/awareness/Salt%20and%20stroke%202012/76887
Salt matters for Pacific island countries

Local products at a market in Tonga
Section 5: Monitoring and evaluation

For many of you the time and resources needed to conduct your advocacy work may seem limited and it may appear even less feasible to exert additional energy into monitoring and evaluating your actual activities. Taking stock of your advocacy work on salt reduction however will play an invaluable role into reassessing your strategy and in sustaining your efforts.

How to monitor your advocacy campaign

Monitoring your advocacy work generally refers to keeping track of the progress you have made towards your predefined goal and objectives and will include the collection of information pertaining to your campaign over time.

Few advocacy campaigns are robustly evaluated. In Pacific island countries, monitoring your advocacy work may involve documenting the number of media stories related to salt within a predefined period or measuring the degree to which your group’s profile has been raised by keeping track of the number of public inquiries, increases in campaign staff or through improvements in campaign funding. If you have set out objectives and indicators in the SMART framework as described in Section 2, then monitoring against these is easy.

Other pre-defined objectives such as shifting attitudes of key decision-makers and influencers may be harder to measure empirically. The monitoring of this arm of your advocacy campaign may rely on insider knowledge of who is responsible for key decisions regarding the issue as well as on anecdotal evidence on changing opinions, behaviour and attitudes.

Surveys or focus groups are also useful tools to measure public perception of both your campaign and its impact by assessing overall attitudes towards high-salt diets and their contribution to poor health. While these monitoring tools will no doubt be beneficial they can be expensive, and it will be necessary to balance the benefits of undertaking this work against the additional time and resources required.

A mix qualitative techniques in the form of case studies, interviews, anecdotes in combination with quantitative approaches in the form surveys and statistical data will provide you with the most robust evaluation.

Evaluating your advocacy campaign’s process and impact

While your monitoring work will seek to gather data on what is happening over time, the evaluation process is largely concerned with using this information to determine successes and challenges and to understand why certain developments occurred.

Generally, advocates evaluate their work to either: 1) assess the difference their advocacy strategies have made in progressing their objectives; 2) to demonstrate outcomes to funding bodies and partners; and 3) to ultimately learn from the experience and inform other global advocates on best practice.

Your purpose for evaluating your strategy will likely determine the methods used in assessing your impact. It is recommended that you define these questions at the onset so that you develop the best means of monitoring and capturing the most relevant data.
Table 1. Monitoring Advocacy Activity for Salt Reduction: Advocacy activities listed in the upper row represent examples of advocacy objectives. Monitoring progress towards these specific objectives will require investigation into a number of corresponding outcome indicators that are listed below each activity.

<table>
<thead>
<tr>
<th>Advocacy Activity</th>
<th>Raising Consumer Awareness</th>
<th>Engaging the Food Industry</th>
<th>Engaging Government</th>
<th>Raising Campaign Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome Indicator</td>
<td>Number of articles, leaflets, posters produced and published.</td>
<td>Number of food manufactures providing information on sodium content on the label.</td>
<td>Number of meetings held between government and food industry.</td>
<td>Funding available for research.</td>
</tr>
<tr>
<td></td>
<td>Number of page views, downloads of campaign website.</td>
<td>Number letters of agreement by the industry. The salt content of selected food products.</td>
<td>Published policy prioritizing salt reduction.</td>
<td>Number of partnerships made.</td>
</tr>
<tr>
<td></td>
<td>Number of people attending campaign activities % of population reached by campaign.</td>
<td>Number companies agreeing to establish targets.</td>
<td>Number of submissions to parliamentary committees, hearings or reviews.</td>
<td>Number of employees recruited to your campaign.</td>
</tr>
<tr>
<td></td>
<td>Number of nongovernmental organizations participating in campaign activities.</td>
<td></td>
<td>Amount of correspondence and meeting with politicians.</td>
<td>Increased number of requests for assistance or information on salt reduction.</td>
</tr>
<tr>
<td></td>
<td>Number of spokespeople invited to speak on TV and or radio Population based data on behaviour attitudes and beliefs regarding salt reduction.</td>
<td></td>
<td>Evidence of policy change, or attitude change towards salt reduction.</td>
<td></td>
</tr>
</tbody>
</table>

Source: WHO
**Tips for effective monitoring and evaluation**

Think about the evaluation process early. This will help develop appropriate monitoring techniques based on pre-defined objectives.

Bring up evaluation processes throughout your campaign as this could be an invaluable opportunity for reflection and learning.

You do not have to be an expert in monitoring and evaluation to collect quality data. There are a number of reference materials to aid in the process. Table 1 can also provide useful guidance.

Do not fear the outcomes. It is as important to reflect on unsuccessful endeavours as it is to celebrate successes. Some of the most important lessons learnt are from failed projects.

Depending on the purpose, the questions you ask in the evaluation process are also likely to differ. For instance, you may question what your campaign expects to achieve, how you define a successful advocacy campaign and whether your techniques are effective. It may be that your target audience, key messages and advocacy channels have shifted and that you will then need to revise your initial strategy in order to achieve the most impact. Alternatively, you may find that your time and resources are being heavily directed to one specific area of your campaign and that this may account for the lack of progress in another. Yearly evaluation, although appearing initially tedious, may save valuable time and effort in the future and appropriately redirect your efforts to align with new aims and objectives.
TOOLS

A range of tools that have been produced by different organizations working on salt reduction or related issues and that will be useful to support you in your advocacy efforts have been reproduced. They are presented in the toolbox at the end of this document.

The tools can be used as a guide to inform your own approaches and can be adopted directly or adapted in relation to your intended approach and cultural context.

The tools are also available in electronic format and can be read from the following website.

LIST OF TOOLS

Tool 1 Instructions for Shop Survey
Step by step details on how to collect data on the sodium composition of foods.

Tool 2 S.M.A.R.T Framework
Examples of specific, measurable, achievable, realistic and time-bound objectives for salt advocacy.

Tool 3 Key Messages and talking points
Examples of key messages and talking points for use by salt reduction advocates when communicating with decision-makers and influencers.

Tool 4 Point/Counterpoint
Sample questions to arm advocates with appropriate responses to critics.

Tool 5 Salt Advocacy Leaflet
Fact sheet on salt reduction in Pacific island countries that can be printed and distributed among your target audiences.

Tool 6 Sample Consumer Awareness Leaflet
Leaflet that can be adapted and used to raise awareness among consumers.

Tool 7 Sample Media Release
Example of a media release that can be adapted and used in your country.

Tool 8 Sample Letter to Politician
Example of a letter to a politician that can be adapted and used in your country.

Tool 9 Sample Government Resolution
Example of a government resolution that can be adapted and promoted to your government for use in your country.

Tool 10 Sample Draft Food Standard
Example of a standard for salt levels in foods that can be adopted as part of the food regulations in your country.

Tool 11 Industry Action Plan Template
Template that can be adapted and distributed to food companies (manufacturers, retailers, importers, etc.) to assess progress on salt reduction.

Tool 12 Example of Stakeholder Meeting Agenda
Example of a stakeholder meeting agenda that can be adapted and used when you want to organize a stakeholder consultation meeting.
BIBLIOGRAPHY

Advocacy materials for NCD. In: WHO Regional Office for the Western Pacific Noncommunicable diseases [website]. Manila: WHO Regional Office for the Western Pacific; 2014 (www.wpro.who.int/entity/noncommunicable_diseases/advocacy/en/).


References


34. Camacho CD, David AM. One nation to prevent alcohol abuse- “Embrace and respect our island cultures”, A counter marketing alcohol prevention campaign involving youth, policy and formative research methods to change social and environmental norms on Guam. Atlanta: Centre for Disease Control and Prevention; 2011.


Salt matters for Pacific island countries
Salt matters for Pacific island countries
**STEP 1**
Agree on food categories and stores to collect information from

**STEP 2**
Set up research team and prepare data collection materials

**STEP 3**
Gain permission to conduct shop survey from store owners

**STEP 4**
Conduct surveys in-store
- Option 1–manual data collection
- Option 2–Smartphone Data Collector Application (see below)

More detailed information below (Flow Chart No.2)

**STEP 5**
Enter the information from the data collection template into the Excel database (organized by food category)

**STEP 6**
Do quality checks of Excel database: screen for plausibility and check 5% of products against original source

**STEP 7**
Conduct data analyses: Use Excel or statistical analysis software (e.g. SPSS, SAS) to determine the mean levels of nutrients in each food category

**INSTRUCTIONS FOR SHOP SURVEY**

1. **Salt matters for Pacific island countries**
STEP 4: Shop Survey Flow Chart No.2

STEP 4a–Find the Nutrition Information Panel

STEP 4b–Find the information for all of the criteria in the table below

<table>
<thead>
<tr>
<th>Primary</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brand name</td>
<td>Name of brand as per product label</td>
</tr>
<tr>
<td>Product title</td>
<td>Name of product as per product label</td>
</tr>
<tr>
<td>Manufacturer</td>
<td>Manufacturing company as per product label</td>
</tr>
<tr>
<td>Country of manufacture</td>
<td>Country where product was made as per product label</td>
</tr>
<tr>
<td>Pack size</td>
<td>grams or millilitres</td>
</tr>
<tr>
<td>Serving size</td>
<td>grams or millilitres</td>
</tr>
<tr>
<td>Sodium per 100g</td>
<td>milligrams /100 grams or 100 millilitres?</td>
</tr>
<tr>
<td>Sodium per serve</td>
<td>grams or milligrams per serve if provided</td>
</tr>
<tr>
<td>Date obtained</td>
<td>date (dd/mm/yyyy)</td>
</tr>
<tr>
<td>Data source</td>
<td>Name and location of shop</td>
</tr>
</tbody>
</table>

STEP4c–Copy the information from the nutrition information panel into the data collection template
<table>
<thead>
<tr>
<th>Brand name</th>
<th>Product title</th>
<th>Manufacturer</th>
<th>Country of manufacturer</th>
<th>Pack size (g)</th>
<th>Serving size (g)</th>
<th>Sodium (mg/100g)</th>
<th>Sodium (mg/serve)</th>
<th>Other information</th>
<th>Date obtained</th>
<th>Data source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brand name</td>
<td>Product title</td>
<td>Manufacturer</td>
<td>Country of manufacturer</td>
<td>Pack size (g)</td>
<td>Serving size (g)</td>
<td>Sodium (mg/100g)</td>
<td>Sodium (mg/serve)</td>
<td>Other information</td>
<td>Date obtained</td>
<td>Data source</td>
</tr>
<tr>
<td>Brand name</td>
<td>Product title</td>
<td>Manufacturer</td>
<td>Country of manufacturer</td>
<td>Pack size (g)</td>
<td>Serving size (g)</td>
<td>Sodium (mg/100g)</td>
<td>Sodium (mg/serve)</td>
<td>Other information</td>
<td>Date obtained</td>
<td>Data source</td>
</tr>
<tr>
<td>Brand name</td>
<td>Product title</td>
<td>Manufacturer</td>
<td>Country of manufacturer</td>
<td>Pack size (g)</td>
<td>Serving size (g)</td>
<td>Sodium (mg/100g)</td>
<td>Sodium (mg/serve)</td>
<td>Other information</td>
<td>Date obtained</td>
<td>Data source</td>
</tr>
</tbody>
</table>
Guidance on conducting shop surveys

Step 1: Agree on food categories and stores to collect information from – The objective should be to collect data on the main foods that contribute to salt in the diet from a range of stores (supermarkets and small shops). The main contributors to salt in the diet can be identified from dietary surveys. However, in most countries the main contributors to salt in processed foods are likely to be canned meat and fish, noodles, crisps and snacks, sauces and confectionery. Sodium content data for all product categories should be collected to the extent possible to ensure that you have complete data. The key is to ensure that the same categories are collected each year to monitor changes in product formulation.

Step 2: Set up research team and prepare data collection materials – The size of the research team will depend on the number of processed food products on the market, but for most Pacific island countries you will need a project coordinator and a team of four to five people to collect data over one or two days. Once the team has been established, materials to collect data (as indicated in step 4C above) need to be prepared. Copies of the record sheets can be printed out and bound to form a book to make it easier to record items in the supermarket. The project coordinator should assign each person one or two product categories.

Step 3: Gain permission to conduct shop survey from store owners – Before data can be collected it is a good idea to seek permission from store owners. Usually it is sufficient to introduce yourself and explain what you are doing when you get to the shop, but in some cases it may be necessary to send a letter first and then follow up with a visit to request permission prior to conducting the survey.

Step 4: Conduct surveys – copy information from the Nutrition Information Panel on product labels onto the data collection template – The research team should collect information from all food items in the food categories agreed in Step 1 by completing the data collection template. Each product should be given a number. Even if the sodium data are missing from a product, the other product details should be recorded. If a product is not labelled or the label is in a different language this should also be recorded so that it will later be possible to calculate the percentage of products without labels or incorrectly labelled.

Step 5: Enter the information from the data collection template into the Excel database (organized by food category) – Once all data has been collected in store, it needs to be entered into a standardized Microsoft Excel spreadsheet. Each item also needs to be put into a relevant food category to ensure that information can be analysed in a systematic way. The categorization of foods may differ between countries to some extent. However, a broad categorization system has been developed that should enable cross-country comparisons. (See Annex A)

Step 6: Do quality checks of Excel database: screen for plausibility and check 5% of products against original source – The data entry process needs to be verified. A random sample of 5% of entries should be selected and the information in the database compared against the original record sheet and if necessary against the original product in store.

Step 7: Conduct data analyzes: Use Excel to determine the mean levels of nutrients in each food category – There should be an initial tabulation that summarises the number of products in each food group and each food category and the completeness of the data. Mean levels (and ranges) for sodium should be calculated overall and separately for the leading companies contributing to each food category. The primary analyses should be reported per 100g but additional estimates can be made per serving if this is relevant.

For more complex analyses you can also use statistical analysis software (e.g. SPSS, SAS) to compare mean values of sodium between companies and over time. Statistical analysis can also be undertaken using two sample t-tests and ANOVA models. Non-parametric tests such as Mann-Whitney U and Kruskal-Wallis can be used to confirm the findings for variables with significantly skewed distributions. Analyses resulting in p-values less than 0.01 (rather than 0.05) should be considered as unlikely to have arisen solely by chance reflecting the large number of comparisons that will be undertaken.

Option 2: Using the Smart Phone Data Collector Application

An alternative to collecting the data manually is to use the Global Food Monitoring Group’s smartphone Data Collector App. The George Institute, in partnership with Xyris Software, has developed a smartphone application to assist countries in collecting information about the nutritional composition of processed foods in supermarkets. The app can be used to take photos of the front of the package, the nutrition label (if present) and the ingredients list and scan barcodes where they exist. The smartphone is then connected to a wireless Internet connection and photos are uploaded to an Amazon cloud. Photos are then downloaded to a central Amazon server where a George Institute team in India enters the nutrition information for each packaged food item. Alternatively each country can choose to have local team members enter the data.

Information about Global Food Monitoring Group

The health problems caused by processed foods are global, and we have initiated an international effort to track the nature of processed foods around the world. The Food Monitoring Group includes representatives from approximately 30 developed and developing countries who have developed a protocol for tracking the nutritional composition of processed foods. Lowcost, readily available data collection and management tools have been developed, and provide a sustainable lowcost mechanism for acquiring data on the nutritional composition of foods at scale. The data will in turn allow us to monitor the effectiveness of global efforts to ameliorate ill health caused by processed foods and hold governments and corporations to account for the quality of the products that are marketed.

**EXAMPLES OF SMART OBJECTIVES FOR SALT ADVOCACY**

<table>
<thead>
<tr>
<th>Specific</th>
<th>Measurable (benchmarks/indicators)</th>
<th>Achievable (capacity/resource)</th>
<th>Realistic</th>
<th>Timebound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased media exposure for salt reduction</td>
<td>Increase in numbers of articles in newspapers, coverage on national TV and radio stations</td>
<td>Identified spokespeople Press release writing skills</td>
<td>Available media outlets Freedom of press</td>
<td>Every month</td>
</tr>
<tr>
<td>Policy-makers to make salt reduction in national work programmes</td>
<td>Published policy on salt reduction Meetings held on salt reduction</td>
<td>People to write letters and submissions and meet with government</td>
<td>National government commitment to noncommunicable diseases (NCD) prevention Government funding</td>
<td>Within one year</td>
</tr>
<tr>
<td>Government to adopt and promote a national salt reduction target</td>
<td>National salt reduction target included in annual health strategy</td>
<td>Government already indicated willingness to support salt reduction Strong evidence base from which to promote target</td>
<td>In line with WHO targets for Member States to reduce salt</td>
<td>By the time the health strategy is published</td>
</tr>
<tr>
<td>Industry to make commitments to take salt out of foods</td>
<td>Number of industry meetings secured Number of industry action plans/letters of agreements secured</td>
<td>Ability to engage directly with industry Resources for monitoring of industry actions</td>
<td>Access to food manufacturers in country Willingness of industry to engage with advocates</td>
<td>Within four years</td>
</tr>
</tbody>
</table>
The following key messages and related talking points for salt reduction advocacy are designed to motivate action. They serve as a guide and will ultimately need to be adjusted and tailored for your desired target and context.

KEY MESSAGE

Options:
- Eating too much salt is bad for health.
- Pacific islanders are eating more salt than recommended.
- People should aim to eat less than 5 g of salt per day (less than one teaspoon).

The Problem
- High-salt diets are an important contributor to high blood pressure
- High blood pressure leads to cardiovascular disease (CDV), the main cause of death in the Pacific
- A large proportion of salt in the diet comes from processed foods
- Pacific Islanders are eating more processed foods and less fruits and vegetables

Talking points
- Most Pacific island countries are experiencing an epidemiological shift and now face the double burden of infectious and chronic disease. (1)
- This transition is largely the result of a nutritional shift towards processed foods such as tinned fish and meat, instant noodles, and soups and sauces which are high in salt. (2)
- The prevalence of hypertension exceeds 20% in some Pacific island countries. (3)
- CVD is now the leading cause of death in Pacific island countries, accounting for 75% of all deaths in some countries. (4)
- At any given age, the risk of dying as a consequence of high blood pressure in low- and middle-income countries, such as Pacific islands countries, is more than double that in high-income countries. (5)

The Solution
- Reducing salt intake in the Pacific island countries will lower blood pressure in the population.
- Thousands of lives could be saved by decreasing blood pressure.
- Salt reduction interventions are a cost-effective way of preventing the high burden of chronic disease in the Pacific.

Talking points
- Reducing dietary sodium will have immediate health effects on the individual and the community. (6)
- Reducing dietary sodium is considered one of the most cost-effective and impactful strategies for reducing the high burden of chronic disease and has been deemed a best-buy by WHO. (7)
- Many countries around the world have already adopted salt reduction strategies and are beginning to see benefits. (8)
- The United Kingdom of Great Britain and Northern Ireland, for instance has reduced average population salt intake from 9.5 g/day to 8.1 g/day, saving an estimated 9000 lives each year. (9)
- Fiji has taken steps to set a target of reducing population salt intake to 5 g/day by 2025.
- Since the vast majority of dietary sodium comes from processed foods, the key to any salt reduction plan is working with the food industry to lower the amount of salt in their foods. (10)

References
### Point/COUNTERPOINT

<table>
<thead>
<tr>
<th>Point</th>
<th>Counterpoint</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are bigger public health issues than high-salt diets, especially in the Pacific islands countries and areas.</td>
<td>The WHO has deemed population salt reduction a “best-buy” for reducing the escalating chronic diseases epidemic. Changes in the diet of many Pacific Islanders, including reliance on processed foods, has meant a higher intake of salt. (1) Recent surveys in the region have indicated that over 20% of adults now have high blood pressure, with high-salt diets a key contributor. (2) Reducing salt intake would reduce blood pressure saving thousands of lives each year. (3)</td>
</tr>
<tr>
<td>Governments should not be involved in deciding how much salt people eat.</td>
<td>Since a large proportion of the salt we eat comes from processed foods, the choice to eat low-salt products is limited. (4) In May 2013 the World Health Assembly agreed new targets for all Member States to reduce population sodium by 30% by 2025 highlighting the WHO target of less than 5 g of salt per day. (5) Governments need to take leadership to reduce sodium levels across the food supply and encourage industry, including manufacturers and importers, to work towards established salt-reduction targets.</td>
</tr>
<tr>
<td>Low-salt diets are only important for those with high blood pressure.</td>
<td>Nearly everyone has blood pressure above optimal levels, and everyone, including children, would benefit from reducing salt. (6) Cutting down dietary salt to 5 g/day can avoid high blood pressure and prevent one in four heart attacks and strokes. (3)</td>
</tr>
<tr>
<td>Reducing sodium in foods would not be a cost-effective intervention.</td>
<td>Salt-reduction programmes have been projected to be cost saving for governments. (7) Although there are some costs incurred by the food industry in reformulating products one recent analysis in the United States of America has projected health-care savings of US$18 billion. (8) Salt reduction strategies are also likely to provide cost savings in Pacific island countries and areas.</td>
</tr>
<tr>
<td>Reducing the amount of salt consumed by the population will cause iodine deficiencies since salt is fortified with iodine.</td>
<td>Iodization policies and strategies for population salt reduction are not mutually exclusive. Coordination of both programmes is essential to insure optimal intake of both iodine and sodium. WHO supports universal salt iodization which means that all salt for domestic use and in the food supply should be iodized. As salt intakes are reduced, levels of iodine in salt can be increased, so it is possible to effectively implement salt reduction strategies without adversely affecting iodization programmes.</td>
</tr>
</tbody>
</table>

### Salt and food

<table>
<thead>
<tr>
<th>Point</th>
<th>Counterpoint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowering salt in foods will make them less tasty.</td>
<td>While sodium in food is generally used for flavour, a person’s taste for salt can change over time. Gradually reducing the salt content of processed foods can go unnoticed. (9) Adding different spices and herbs is also a good way to increase flavour while reducing the amount of salt.</td>
</tr>
<tr>
<td>Salt is needed to maintain food safety and quality.</td>
<td>Salt has a range of uses in foods including taste, texture and safety. However, the wide range of sodium levels in similar products available on the market indicates that it is possible to reduce sodium in many products. (10) Furthermore, most foods are now stored in refrigerators and freezers which reduces the need for salt as a preservative in many products.</td>
</tr>
<tr>
<td>Consumers will not buy low-salt foods and the food industry will suffer.</td>
<td>Salt-reduction efforts should focus on encouraging all companies to reduce sodium across all product ranges rather than just producing low-salt options. This also creates a level playing field for the food industry so no one suffers, as well as being a more effective way of reducing dietary salt. At the same time consumers need to be made much more aware of the need to reduce salt levels in their diet through national campaigns to change consumer behaviour.</td>
</tr>
</tbody>
</table>
References:

1. Changing Diets in the Pacific: High in Salt

Changes in diet, including an increased reliance on processed foods, are contributing to high salt intakes. Foods high in salt, such as instant noodles, canned meat, soy sauce, bread and crackers, curries and salted fish, are products commonly consumed in the Pacific and likely to be major sources of salt in the diet.

2. Too much salt raises blood pressure

High salt intake leads to high blood pressure. People with high blood pressure are three times more likely to develop a heart disease or have a stroke than people with normal blood pressure and twice as likely to die from these diseases. High salt intake is also associated with a range of other illnesses including stomach cancer, osteoporosis and asthma.

3. How much salt is too much?

WHO recommends average salt intake of less than 5 g/day. 5 g of salt is the same as 2000 mg of sodium.

4. Salt Reduction Saves Lives

Reducing salt intake has been identified as one of the most cost-effective measures for improving population health outcomes. There is growing evidence of the effectiveness of salt reduction strategies with countries such as Finland and the United Kingdom of Great Britain and Northern Ireland demonstrating a reduction in population salt intake. Key characteristics of salt-reduction strategies include advocacy, leadership and policy interventions by governments; working with the private sector to improve the availability and accessibility of low-salt products; and consumer empowerment and awareness through social marketing.

5. Urgent Need for Action!

High blood pressure is a public health problem in many Pacific island countries and areas. In some countries, the prevalence is as high as 45% of the adult population. Reducing salt intake in the region would reduce blood pressure, saving thousands of lives every year. Countries in the Pacific have agreed to the global target of salt reduction of 30% by 2025. To achieve this target, urgent action is needed.

6. Local Action

Some practical action to reduce population salt intake includes:
- integrate salt reduction into the training curriculum of food handlers
- remove salt shakers and soy sauce from the tables in restaurants
- introduce product or shelf labels for products high in sodium
- provide targeted dietary advice to people visiting health centres
- advocate for people to limit their intake of products high in salt and reduce the amount of salt used for cooking.

Improving consumer awareness is critical for reducing population salt intake. Action must also include creating an enabling environment for salt reduction through policy interventions and improving healthy settings, such as schools, workplaces, communities and churches.
7. What are Pacific island countries doing?

Many Pacific island countries have conducted multisectoral salt-reduction consultations and developed strategies for population salt reduction. Fiji has developed salt reduction targets and is working with food manufacturers to gradually reduce salt in processed food. Cook Islands and Samoa are establishing baselines for salt intake through WHO Steps surveys, Chuuk and Kosrae in the Federated States of Micronesia are implementing targeted interventions to reduce the consumption of noodles and soy sauce; and Kiribati is focusing on implementing a healthy school food policy.

8. Technical Support

The WHO Division of Pacific Technical Support (DPS) is offering technical support and advice to countries interested in taking action to reduce population salt intake. For more information please contact:

Peter Sousa Hoejskov  
Technical Officer – Food Safety  
World Health Organization (WHO) Division of Pacific Technical Support (DPS) Suva, Fiji  
Tel: +679 323 4146, email: hoejskovp@wpro.who.int
<table>
<thead>
<tr>
<th>Herbs and Spices</th>
<th>Use in</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basil</td>
<td>Soups and salads, vegetables, fish and meats</td>
</tr>
<tr>
<td>Cinnamon</td>
<td>Salads, vegetables, breads and snacks</td>
</tr>
<tr>
<td>Chili Powder</td>
<td>Soups, salads, vegetables and fish</td>
</tr>
<tr>
<td>Cloves</td>
<td>Soups, salads, and vegetables</td>
</tr>
<tr>
<td>Dill Weed and Dill Seed</td>
<td>Fish, soups, salads and vegetables</td>
</tr>
<tr>
<td>Ginger</td>
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</tr>
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<td>Marjoram</td>
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<td>Sage</td>
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<tr>
<td>Thyme</td>
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</table>

**Tips for using herbs and spices**

<table>
<thead>
<tr>
<th>Herbs and Spices</th>
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<tbody>
<tr>
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<tr>
<td>Ginger</td>
<td>Soups, salads, vegetables and meats</td>
</tr>
<tr>
<td>Marjoram</td>
<td>Soups, salads, beef, fish and chicken</td>
</tr>
<tr>
<td>Nutmeg</td>
<td>Vegetables, meat and snacks</td>
</tr>
<tr>
<td>Oregano</td>
<td>Soups, salads, vegetables, meats and snacks</td>
</tr>
<tr>
<td>Parsley</td>
<td>Salads vegetables, fish and meats</td>
</tr>
<tr>
<td>Rosemary</td>
<td>Salads vegetables, fish and meats</td>
</tr>
<tr>
<td>Sage</td>
<td>Soups, salads, vegetables, meats and chicken</td>
</tr>
<tr>
<td>Thyme</td>
<td>Salads, vegetables, fish and chicken</td>
</tr>
</tbody>
</table>

**Changing habits**

Changing habits is not easy, so make changes gradually over time. Changes are easier if the whole family does it together.

List three ways you can cut down on salt!

1. ____________________________
2. ____________________________
3. ____________________________

Now that you have found ways to lower your salt intake, choose the easiest one and START TODAY!

**How you can get involved?**

The success of reducing salt depends on widespread support from consumers, industry, government and other interested groups. The aims and objectives are already supported by many people and institutions, but it is not too late to join the effort. If you would like to know more about salt in food or how you can get involved to decrease the salt in your community diet, please contact:

World Health Organization Collaborating Centre on Salt Reduction  
The George Institute for Global Health  
Ph: +61 2 99934520  
Email: droptthesalt@georgeinstitute.org.au  
or visit our website at www.georgeinstitute.org.au/units/food-policy
Salt can damage your health
While many of us look at the fat and sugar content of our food, few of us think of the salt content and the impact it is having on our body and health. Almost everyone puts themselves at risk by consuming too much salt. Excess salt consumed throughout life causes blood pressure to rise with age, and high blood pressure is a leading cause of stroke and heart attacks. About one in three Pacific islanders have high blood pressure and stroke, and heart attacks are now the leading causes of death in the region.

The benefits of lowering salt
Pacific islanders are eating much more salt than they need. Around three quarters of the salt we eat most likely comes from processed foods. Reducing salt intake would lower blood pressure and improve health for most people. Even people with normal blood pressure can gain significant long-term benefits from cutting salt from their diets.

Ways to reduce your salt intake
• Try to eat no more than 5 g of salt a day – that is just one teaspoon, but remember less is best!
• Eat foods that are high in salt sparingly or not at all.
• Do not use salt in cooking or at the table – take the shaker off the table!
• Read labels and buy products that are “low-sodium”. Check the labels of different brands and choose the one with the lowest salt/sodium content.
• Make more food from scratch.
• Use fresh or frozen vegetables more often.
• Rinse canned legumes and vegetables with cold water to reduce salt.
• Use fresh meats more often than processed meats (e.g. SPAM and corned beef).
• Try new flavours. Use onions, garlic, fresh ginger, peppers, lemons and limes, vinegar, herbs and spices.
• Do not be afraid to ask the takeaway or restaurant staff about the salt content of meals and ask them to remove salt and MSG from your meal!
• Spread the salt message to family members and friends.

Understanding the salt content on food labels
Reading the food label will reveal how much salt a food contains. Looking at the ingredients list will tell you if salt has been added to the product, while the Nutrition Information Panel (NIP) will tell you how much salt is present. Salt is labelled as sodium in the NIP. For a food to be low in salt, it must have 120mg or less of sodium per 100g. Anything with over 450 mg sodium per 100g is a high-salt food and should be eaten very small amounts.

To covert sodium into salt multiply by 2.5 so 400 mg of sodium = 1 gram of salt.
Reducing Salt for a healthier Cook Islands

Media release – embargoed not for publication before 00.01 15th June 2012

Cook Islanders will soon be part of a national campaign to reduce salt consumption in an attempt to reduce hypertension and stroke. The World Health Organization and the Cook Islands Ministry of Health Community Health Services are working together to develop a salt reduction strategy that will help manufacturers and consumers to use less salt. The strategy will set targets for maximum acceptable levels of sodium in selected locally processed foods and encourages foods service providers and consumers to use less salt when preparing meals.

Part of the challenge will be to tackle the high reliance of imported foods. About 80% of the food consumed in the Cook Islands is imported, while only 17% is locally produced. Much of the imported food is processed which is often very high in salt.

Ministry of Health Nutritionist and Noncommunicable Disease Coordinator, Karen Tairea said, a big component of the new strategy will be working with importers to provide low salt alternatives and encouraging people to choose foods lower in salt.

“The Ministry of Health has run surveys to find out how much salt is being consumed and which foods are higher in salt. Most people are aware that salt is bad for health but they do not know how much salt they should be eating,” she said.

“The survey tells us that the foods highest in salt most consumed in the Cook Islands are sausages, followed by bread, corned beef, tinned fish and mayonnaise.”

“Encouraging people to eat less salt will be incorporated into our health guidelines which also include recommendations for eating less fat and sugar.”

Peter Hoejskov, Technical Officer for Food Safety at the World Health Organization, said that the salt reduction strategy is the beginning of an effective multi-sectoral process of reducing salt intake in the Pacific.

“The World Health Organization has identified salt reduction as one of the most important steps countries can take to reduce the burden of noncommunicable disease. We are confident that this initiative will have a major impact on improving lives and health of people in the Cook Islands,” he said.

Ends

For more information please contact: insert name, position, telephone number, email address
Dr Jim Hyde and Dr Chrissie Pickin,
Department of Human Services
Victoria Health
50 Lonsdale Street
Melbourne, 300
12th June, 2008

Dear Dr Hyde and Dr Pickin

I’m writing to give you advance notice of new research into the feasibility and cost effectiveness of different state interventions to reduce population salt intakes and to suggest that we meet to discuss the implications of this work for state health departments.

More than 48,000 deaths from cardiovascular disease occur in Australia each year, making it the leading cause of death. Blood pressure is a key determinant of cardiovascular disease and even small reductions in blood pressure across the population would translate into substantial reductions in the numbers of deaths. Excess salt consumption is widely considered to be one of the most important contributors to raised blood pressure and Australians are currently consuming around 9 grams of salt per day, against a recommended maximum of 6 grams.

There is clear evidence from other countries to show that, where State led salt reduction strategies have been implemented, there has already been a reduction in population salt intakes, saving lives and ultimately reducing the financial burden of cardiovascular disease on the country. The Australian Division of World Action on Salt and Health (AWASH) commissioned Michael Frommer, Associate Dean at the University of Sydney’s Faculty of Medicine and his colleagues at Sydney Health Projects Group, to draft a paper reviewing the evidence base and assessing the feasibility and cost effectiveness of different interventions to reduce salt intakes.

The draft paper will be available early in July. As I am in Melbourne on Monday 19th July, if it is convenient for you, I would like to come and meet you to discuss the findings and recommendations emerging from the review. Maybe you could let me know as soon as possible if this is convenient or if you would prefer to arrange an alternative date.

Yours sincerely,

Dr Bruce Neal
Chairman, The Australian Division of World Action on Salt and Health (AWASH)
Associate Professor of Medicine, The University of Sydney
Senior Director, The George Institute for International Health
Federated States of Micronesia (FSM) Department of Health and Social Affairs (DHSA) Resolution on Action to Reduce Population Salt Intakes

Eating too much salt is dangerous and damaging to our health: Our body needs less than 2 grams of salt to be healthy. Most people are eating 5 times this amount which is resulting in many people getting sick and dying early as a result of non-communicable diseases. The amount of salt we are eating is causing high blood pressure which is directly link to high blood pressure, one of the biggest contributors to heart attacks and stroke. Salt also leads to a range of other illnesses including stomach cancer, kidney disease and osteoporosis, etc.

- **Whereas:** there is strong evidence that people are eating too much salt and this is bad for health leading to high blood pressure, cardiovascular disease and a range of other illnesses; and
- **Whereas:** The Pacific Island Health Officer’s Association (PIHOA) has declared a state of emergency on Non Communicable Diseases (NCDs) for the Pacific Islands and subsequent Pacific forums (Solomon Islands/Tonga) have recognized the NCD crisis; and
- **Whereas:** NCDs are now the single largest cause of premature death and disability in FSM; and
- **Whereas:** there is clear evidence that reducing population salt intakes is one of the most cost effective mechanisms for reducing NCD; and
- **Whereas:** it has been proven that that by engaging business and industry (including caterers) and by changing people’s attitudes and behavior towards salt it is possible to reduce salt intakes and decrease the burden of NCDs; and
- **Whereas:** The UN High Level Meeting on Non Communicable Diseases (NCDs) in New York in September 2011 will discuss appropriate action on salt reduction; now

The FSM Department of Health and Social Affairs hereby declares its commitment to take coordinated action to reduce salt intakes in the FSM; therefore

This resolution arises from a salt reduction consultation held in Pohnpei 5-8 September hosted by the FSM Department of Health and Social affairs with support from the World Health Organization South Pacific Office.

Representatives at the meeting including representatives from the FSM Department of R &D, Department of Agriculture, Pohnpei State, FSM Department of Health and Social Affairs, Department of Health Services, Pohnpei State, FSM Department of Education, State Department of Education, Pohnpei State, Business community, Pohnpei Women Advisory Council, Private clinics, Island Food Community of Pohnpei, and other NGOs.

The meeting agreed clear objectives and developed a number of strategies and actions to reduce salt intakes in Pohnpei. Department of Health and Social Affairs will be consulting with stakeholders including other states to agree strategies and action plans and secure further resources for implementation over the next few months.

NOW THEREFORE, The Federated States of Micronesia Department of Health and Social Affairs hereby resolves to take immediate action to:

1. Finalize a strategy and action plan to reduce salt intakes in FSM to 5 grams by 2025
2. Obtain further support from WHO and other funding agencies to implement these actions.
3. Establish a Salt Reduction working group and appoint a salt champion to coordinate this program of work.
4. Conduct surveys to assess and monitor salt levels in foods, industry action and knowledge and behavior on salt
5. Communicate the harmful health effects of high salt intakes and potential strategies to reduce salt intakes to the people and organizations of the FSM, and

The Federated States of Micronesia Department of Health and Social Affairs hereby calls for immediate action from all stakeholders including:

1. The food industries (restaurants, stores, importers, local street vendors, bakeries, importers) to reduce salt levels in foods and meals as far as possible with reference to the US National Salt Reduction Initiative targets for salt levels in foods and meals.
2. Other government departments and offices, Church groups, traditional leaders, NGOs, women’s groups, youth groups and community leaders to take action to support strategy implementation including by communicating the key messages contained in the attached annex as widely as possible.

BE IT FURTHER RESOLVED, that a copy of this resolution be provided to the President of the Federated States of Micronesia, the Speaker of the 17th Congress of the Federated States of Micronesia, all Governors of the four states of the Federated States of Micronesia, the Speakers and Presidents of the state legislatures of the four states of the Federated States of Micronesia, Chief Justice of the Federated States of Micronesia, all Chief Justices of the four states of the Federated States of Micronesia and the Secretary of the Department of Health and Social Affairs.
1. Standard for canned corned beef

(1) Without limitation to the generality of these Standards and the Codex Alimentarius Standard for corned beef (Codex Standard 88-1981), the following specific product requirements for products labeled as canned “corned beef” apply:

- the total protein content in the final product shall not be less than 21% of the total mass;
- the total fat content shall not exceed 21% of the total mass;
- the total sodium content of the product shall not exceed 540 mg/100g
- the date of minimum durability shall be indicated by the year; and
- all meat used in the manufacture of corned beef shall have been subjected to the inspection processes and it shall have been passed by an inspector as fit for human consumption.

(2) Wherever canned corned beef with a fat content exceeding 20% of the total mass is stored for display for sale to the consumer there shall be an associated shelf notice visible to consumers informing consumers that “This brand of canned corned beef is high in fat. For a healthy diet eat less”. Such a shelf notice shall be in a form prescribed by the Ministry of Health in a brochure available to food businesses or on its website.
### Progress report on companies activities to reduce salt in foods.

**Date:**

<table>
<thead>
<tr>
<th>Company/section:</th>
<th>Supporting papers attached y/n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact person/position:</td>
<td></td>
</tr>
<tr>
<td>Contact details:</td>
<td></td>
</tr>
</tbody>
</table>

**What are your company’s priorities in relation to health?**

**Do you have a strategy or plans to reduce salt levels in your products?**

**What previous reductions in salt levels have you made and in which products?**

**Have you completed an audit of current salt levels in your products (please attach details):**

Y/N (delete as appropriate)

**How do these salt levels compare with your country’s targets (if applicable)?**

**What plans do you have to reduce salt over the next few years?**

**In which products and over what timescale?**

**How will you educate your staff about the importance of eating less salt and your company’s salt reduction strategy?**

**How do you plan to communicate the importance of eating less salt and that you are reducing salt levels in your foods to consumers?**

**What are your plans for monitoring progress?**

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**Please return this completed questionnaire to:**

[Insert contact details]
Kiribati Salt Consultation Meeting
12th September 2012 - Otintaai Hotel, Kiribati

Agenda

08:30 Opening, Acting Director for Public Health

09:00 WHO/George Institute DVD Preview - Salt: the Hidden Danger

09:20 The evidence for salt and strategies for action - Dr Jacqui Webster, The George Institute for Global health

09:50 Questions

10:00 Break

10:30 Potential regulatory actions to reduce salt, Peter Hoejskov, World Health Organization, South Pacific Office

10:45 School Food Policies, Ereti Timeon, Nutritionist, Ministry of Health

11:00 Discussions on strategies to reduce salt

- Home
- Restaurants and catering (including feasts)
- Manufacturers and Shops
- Schools and Hospitals

11:40 Feedback, Discussion

12:15 Closing Remarks, NCD Co-ordinator, Korio Tetabea

12:30 Lunch