
eat less salt
# TABLE OF CONTENTS

BACKGROUND: .............................................................................................................................................. 2  
GOAL: ......................................................................................................................................................... 3  
OBJECTIVES: ............................................................................................................................................. 3  
PLAN OF ACTION 2014-2015 ....................................................................................................................... 4  
ANNEX A: Samoa Masima Project MOU ...................................................................................................... 9  
REFERENCES .................................................................................................................................................. 17
**BACKGROUND:**
The World Health Organization (WHO) has identified salt reduction as one of the “best buys” for reducing the burden of Non Communicable Diseases (NCDs). The Samoa Health Sector Plan 2008-2018 identifies the rapidly increasing levels of Non Communicable Diseases, which will have major impacts on the health system, premature mortality and morbidity and the economy of Samoa, as a major challenge.

NCDs and conditions, including obesity, diabetes, heart diseases, high blood pressure, stroke and cancer are top health priorities in Samoa. The 2013 NCD STEPs Survey reveals that the prevalence of these diseases is high and increasing. Among those diagnosed by doctor or health worker with high blood pressure, approximately half of them received lifestyle advice; 57.5% were advised to reduce salt intake, only 36.4% were recommended to lose weight and 38.2% to stop smoking. Physical activity advice in terms of doing more exercise was provided to 86.3% of those diagnosed with high blood pressure. A significant proportion of the study population is overweight (84.7%); and 1 in 5 adults aged 18-64 years, (25.8%) suffer from impaired fasting glycaemia and almost half of adults, at 45.8% suffer from raised blood glucose levels.\(^1\) The salt intake for the study population was also measured and the results revealed that our Samoan population is consuming too much salt in their diets (7.6g/day) which exceeds WHO’s target of less than 5g/day. The worrying result is that the younger age group of 18-44yrs old is consuming more salt in their diets (7.3g/day) than the older age group 45-64yrs (6.3g/day).\(^2\)

The George Institute for Global Health has obtained funding through the Australian National Health and Medical Research Council as part of the Global Alliance for Chronic Disease (GACD) Program to examine the cost effectiveness of salt reduction strategies in Fiji and Samoa. This MASIMA project is the first robust assessment of the potential for reducing population sodium intakes through multi-sectoral interventions in the Pacific Islands. The funding for the MASIMA project is being administered through a partnership between the George Institute and Deakin University in collaboration with the Ministry of Health in Samoa (MOH) and the Pacific Research Centre for Obesity and Non-Communicable Diseases (C-POND) in Fiji.\(^3\)

The Samoan part of the GACD program has been called the MASIMA (Monitoring and Action on Salt in SAMOA) project. It is being coordinated by the Ministry of Health, Government of Samoa, in collaboration with the George Institute for Global Health, Australia. The MASIMA project provides funding for a three year program of work for a full time Principal Research Co-coordinator supported by a full time Senior Research Officer for three years based at the Samoan Ministry of Health Division for Strategic Planning, Policy and Research. The objective is to monitor current salt consumption patterns,

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\(^1\)Government of Samoa, Ministry of Health, *2013 NCD STEPs Survey*, Apia, Samoa: Ministry of Health, pg.8
\(^2\)Ibid, 25
\(^3\)Samoa Masima Project MOU, 2013, Annex A
develop and implement a strategy to reduce salt intake and then re-measure salt consumption patterns post intervention.⁴

This strategy and action plan will complement Samoa’s Non Communicable Disease Policy 2010-2015, the Food Bill, as well as Goal 1.6 strategy 1.6.2 of the Food and Nutrition Policy for Samoa 2013.

GOAL:

TO FORTIFY THE PREVENTION OF NON COMMUNICABLE DISEASES THROUGH THE REDUCTION OF SALT INTAKE IN THE DIETS OF

THE SAMOAN POPULATION.

OBJECTIVES:

1. To influence policy and changing food environment that promote low salt intake
2. To underpin Community Engagement and Mobilization in salt intake reduction initiatives
3. To increase population awareness on the harmful effects of eating too much salt through boosting of Health Media and Advocacy Campaigns.

⁴Ibid,
## PLAN OF ACTION 2014-2015

### Target Area 1: INFLUENCING POLICY AND CHANGING FOOD ENVIRONMENT

**Objective:** To influence policy and changing food environment that promote less salt intake

<table>
<thead>
<tr>
<th>No.</th>
<th>Strategy</th>
<th>Activity</th>
<th>Indicator</th>
<th>Timeline</th>
<th>Responsible Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Strengthen partnership with relevant stakeholders &amp; partners</td>
<td>1.1.1 Conduct regular food testing for salt content</td>
<td>Results from these tests are utilized for prevention programs and policy advice on salt reduction</td>
<td>Twice a Year (6 monthly basis)</td>
<td>MOH / SROS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.1.2 Negotiate with Codex Committee to emphasize salt content in Codex standards</td>
<td>Salt content in food are manifested in Codex Standards</td>
<td>By 2016</td>
<td>MOH / MCL Codex Committee</td>
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<tr>
<td></td>
<td></td>
<td>1.1.3 Utilize WHO technical assistance in development &amp; implementation of salt reduction strategies &amp; programs</td>
<td>MOH capacity strengthened from skills &amp; knowledge transfer</td>
<td>2014</td>
<td>MOH / WHO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.1.4 SPAGHL and WinLA to conduct salt reduction programs of their choices funded by the Project.</td>
<td>Increased political influence and leaders commitment</td>
<td>May 2014-March 2015</td>
<td>MOH / SPAGHL / WinLA</td>
</tr>
<tr>
<td>1.2</td>
<td>Ensure compliance of Schools with School Nutrition Standards – strong focus on</td>
<td>1.2.1 Review School Nutrition Standards to incorporate specific Salt Standards</td>
<td>Salt Standards incorporated into the School Nutrition Standards</td>
<td>By 2016</td>
<td>MOH / MESC / Private Schools</td>
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<tr>
<td></td>
<td></td>
<td>1.2.2 Assist Nutrition</td>
<td># of schools</td>
<td>Quarterly</td>
<td>MOH / MESC / Private</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Details</th>
<th>Timeframe</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>salty food</td>
<td>Section in monitoring of nutrition school standards</td>
<td>complying with nutrition school standards (with emphasis on salty food)</td>
<td>basis</td>
<td>Schools</td>
</tr>
<tr>
<td>1.3</td>
<td>Ensure enforcement of Food Bill once enacted by Parliament</td>
<td>1.3.1 Involve in stakeholders consultation and awareness sessions on the Food Act/Regulations (specific focus on salt intake reduction)</td>
<td>Agreement and Commitment from local manufacturers and importers obtained</td>
<td>Once the Food Act is enacted and implemented</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.3.2 Review Salt Standards in Food Regulations to highlight specific focus on reduction of salt intake</td>
<td>Salt Standards formalized and endorsed</td>
<td>2014</td>
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<tr>
<td></td>
<td></td>
<td>1.3.3 Develop an information database of current high salt brands that are imported and potential lower salt brands that are similar price for food importers/distributors</td>
<td>Information database developed and information distributed to all relevant stakeholders</td>
<td>By March 2015</td>
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<td></td>
<td></td>
<td>1.3.4 Conduct consultations with all Government Ministries and NGOs in formalizing and enforcing of Catering Guidelines</td>
<td>Catering Guidelines formalized &amp; enforced by Cabinet</td>
<td>2014</td>
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<tr>
<td></td>
<td></td>
<td>1.3.5 Introduce mandatory labelling of salt content of foods</td>
<td>Labelling formalized and enforced by relevant agencies</td>
<td>By 2016</td>
</tr>
</tbody>
</table>

**Target Area 2: COMMUNITY ENGAGEMENT AND MOBILIZATION**

**Objective:** To underpin Community Engagement and Mobilization in salt intake reduction initiatives

<p>| 2.1 | Strengthen public-private partnership on | 2.1.1 Outsource salt reduction programs/activities to relevant | Increased coverage of population | May 2014 – March 2015 | MOH / SCS, SVSG, SFHA, Sei Oriana Trust, Allan Alo, SASNOC, ADRA, |</p>
<table>
<thead>
<tr>
<th><strong>2.2</strong> Community engagement and mobilization through the MWCSD outreach programs</th>
<th><strong>2.2.1</strong> Conduct awareness sessions during Sui o Nuu meetings &amp; feedback STEPs Salt Survey results</th>
<th>Increased awareness and information of Sui o Nuu</th>
<th>2014</th>
<th>MOH / MWCSD</th>
</tr>
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<tbody>
<tr>
<td><strong>2.2.2</strong> Integrate salt reduction programs in Aiga ma Nuu Manuia progam</td>
<td>Increased engagement of communities in salt reduction initiatives</td>
<td>May 2014 - March 2015</td>
<td>MOH / MWCSD</td>
<td></td>
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<tr>
<td><strong>2.3</strong> Strengthen community engagement and mobilization for salt reduction through existing health community outreach programs</td>
<td><strong>2.3.1</strong> Emphasise salt reduction in all health community outreach programs</td>
<td>Increased community engagement and mobilization</td>
<td>May 2014 – March 2015</td>
<td>MOH &amp; Relevant health partners</td>
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<td><strong>2.3.2</strong> Utilise the Facilitation Package through religious based groups to promote salt message</td>
<td>Increased awareness and engagement of church groups</td>
<td>May 2014 – March 2015</td>
<td>MOH/ Religious Groups/ Relevant groups</td>
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<tr>
<td><strong>2.4</strong> Strengthen community engagement in reducing salt in catering in Institutions</td>
<td><strong>2.4.1</strong> Conduct salt awareness programmes within Tertiary Institutions and Theological Colleges</td>
<td>Increased awareness and engagement of community groups</td>
<td>May 2014 – March 2015</td>
<td>MOH/Tertiary Institutions/ Theological Colleges/ Academics</td>
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<td><strong>2.4.2</strong> Conduct education and training sessions to caterers about not using too much salt</td>
<td>Increased awareness and engagement of Caterers in</td>
<td>May 2014- March 2015</td>
<td>MOH(Food Safety, Nutrition, Research Sections)/ Caterers</td>
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<td>Objective:</td>
<td>To increase population awareness &amp; understanding on the harmful effects of eating too much salt through boosting of Health Media and Advocacy Campaigns</td>
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<tr>
<td>3.1 Implement and strengthen a sustained media and communication strategy</td>
<td>3.1.1 Produce attractive and reader friendly IEC campaign materials such as Leaflets, Posters, Bookmarks, Drink Bottles, Bracelets, Pencil-Cases, T-Shirts, Banner, Billboard)</td>
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<td>3.1.2 Conduct regular TV and radio spots</td>
<td>3.1.3 Publish quarterly newspaper articles a year to push message through * Why is Salt bad for you * Where is Salt in our diet * What strategies can people adopt to reduce salt</td>
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<td>3.1.4 Incorporate Masima Project message on MOH Website Health messages, PSC Circular</td>
<td>3.1.5 Create a MASIMA Project Facebook Page to advertise and promote our salt message</td>
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<td>3.1.6 Develop Branding by identifying good role models for campaign</td>
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<td>&amp; advocacy programs &amp; understanding</td>
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<td>3.1.7 Encourage the Ministry to adopt Salt as one of 2014 themes of MOH Activities, e.g. Teuila Festival, Healthy Lifestyle Week, SIDS, Commonwealth Games</td>
<td>Increased support and awareness of public and sector</td>
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<td></td>
<td>By May 2014</td>
<td></td>
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<td></td>
<td>MOH (Management/Masima Project Committee)</td>
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ANNEX A: Samoa Masima Project MOU

[Signature]

[Signature]
1. **THE MINISTRY AGREES TO:**
   1.1 Utilize the funding provided by the Institute for the MAXIMA Project in accordance with the agreed budget unless otherwise agreed in writing between the parties.
   1.2 Provide relevant financial documentation to the Institute on a quarterly basis.
   1.3 Provide an annual financial statement and progress report to the Institute by an agreed date each year reporting for the funds distributed in the previous calendar year.
   1.4 Follow all the objectives and all relevant information listed in Annex A.

2. **THE INSTITUTE AGREES TO:**
   2.1 Provide funding to the MAXIMA Project at the total amount of AUD$355,705.00 for the three (3) year period of this MOU.
   2.2 Distribute the funding according to Annex B.
   2.3 Follow all the instructions and all relevant information listed in Annex A.


This MCMC chain is expected to take about 2000 iterations to achieve stationarity. The burn-in period will be discarded and the final samples will be used for the computation of the chain's output.

[Signature]

[Name]

[Date]
in all Confidential Information is confidential and shall ensure
that, unless in the communication is not made and power, the Confidential
information of the other party shall be maintained confidentially.

5.2. The Company shall not disclose any Confidential
information to any third party or provide any Confidential
information to any third party or disclose any Confidential
information exclude the information required in the course of
work of the party which is required to implement or exercise any
Confidential Information which is necessary to the exercise of
Confidential Information.

5.3. In good faith and without any restriction as to the use or
disclosure Confidential Information acquired by the taking party from a third party other than the
Confidential Information or any other information or any other
Confidential Information the taking party shall be entitled to use the
Confidential Information.

6.1. The Company shall, in addition to the above, make and emit
the Confidential Information to a third party or disclose any
Confidential Information to a third party or disclose any
Confidential Information or any other information or any other
Confidential Information without the consent of the other party.

7.1. The Confidential Information shall be marked "Confidential" or
"Confidential Information" at all times on all documents or any other
Confidential Information and shall be disclosed only to the
Confidential Information or any other information or any other
Confidential Information without the consent of the other party.

2
assurance as to its accuracy, completeness or adequacy for the purpose. Where the
Receiving Party relies on any Confidential Information, it does so entirely at its
own risk and the Receiving Party accepts that all warranties, conditions and
undertakings, express or implied, whether by law, statute, trade usage, course of
dealings or otherwise, are excluded by the Disclosing Party to the fullest extent
permitted by law.
4.5 The Receiving Party acknowledges that all Confidential Information disclosed by one
Party to the other, whether relating to the commencement of the MAGIMA
Project or disclosed in the course of the Project, will be kept confidential and shall
not be disclosed to any third party without the prior written consent of the
disclosing Party, such consent not to be unreasonably withheld or delayed.
4.6 The obligations of the Parties under this clause shall remain following the
expiry or termination of this MOU.

7. INTELLECTUAL PROPERTY

Any reports, studies, reports or other material, prepared by the Parties under the
MOU shall remain the property of the Ministry of Health. Any disclosure or use of
all information and data for the purposes of this MOU is subject to prior
written approval from the Ministry of Health, Government of Sierra
Lena.

8. PUBLICATIONS

8.1 The Parties are entitled to publish the results of the Project, subject to clause
8.2.

8.2 The publishing Party will provide a copy of the proposed publication to each
other Party within 30 days before the publication is made. The other Party may
provide comments and/or reasonable amendments to the information to protect
their Confidential Information and/or Intellectual Property (provided they are
given to the publishing Party in writing no later than 14 days before the
publication is made, and where comments or amendments are provided within the
14 day period the publishing Party may make the publication subject to any
applicable requirements.
8.3 The Parties acknowledge that a student may include the results of the MASTIMA Project in whole or in part in the student's thesis, subject to the following conditions:

1. the results will be published under the student's name;
2. in which case, the student must abide by the confidentiality restrictions set forth in paragraph 8.4, whereby the student must ensure that the results are not publicly disclosed without permission and that the results are held in strictest confidence and in accordance with the prevailing standards, applicable regulations, bylaws and procedures.

8.4 Any student, researcher or person who wishes to utilize any information concerning the MASTIMA Project in their thesis or any type of study, must firstly obtain the endorsement of the Health Research Committee and the Director General of Health of the Ministry of Health, Samoa.

9. INDEMNITY AND INSURANCE

Both parties are required to have appropriate indemnity and insurance policies covering personnel, property, equipment and work associated with the MASTIMA Project.

10. LAW GOVERNING MOU AND LANGUAGE

The MOU is governed by the laws of Samoa and the language of the MOU shall be in English.

11. DISPUTE RESOLUTION

Any dispute arising out of this MOU which cannot be amicably settled between the parties shall be resolved in accordance with the procedures between the parties. In the event that multiple suits, the disputes will be resolved in accordance with the Arbitration Act of Samoa 1976.
13. TERMINATION

(i) The Ministry may terminate the MOU provided that not less than three (3) months written notice given in the following:

(ii) The Institute may terminate the MOU provided that not less than three (3) months written notice is given to the Ministry.

14. NOTICES

Any written or oral notice shall be in writing and shall be sent to the party of this MOU at the following address:

Director General
Ministry of Health

Private Bag
Aqua, Nama

Phone: 281900 / 52462
Fax: 437231

Tim Rogers
Chief Operating Officer

Geosol Institute for Global Health
Level 10, King George V Building
Melbourne Road, Camperdown
New South Wales, 2050
Australia

Phone: +61947 0731
Email: Tragar@geosolinst.edu.au

15. VARIATION

No variation of this MOU shall be accepted by any of the parties unless it is entered into by writing between the parties.

16. TIME FROM WHEN MOU TAKES EFFECT

This MOU shall be deemed to have taken effect from the time the MOU is entered into by both parties.
IN WITNESS THEREOF:

SIGNED by the DIRECTOR GENERAL
OF HEALTH, PALAU

TOM LEWIS, Esq. and on behalf of THE MINISTRY
OF HEALTH
in the presence of:

[Signature]

Name:

[Position]

Occupation:

SIGNED by CHIEF OPERATING OFFICER

TIM REAGAN, for and on behalf of THE
GEORGE INSTITUTE FOR CULTURAL
HEALTH, AUSTRALIA

in the presence of:

[Signature]

Name:

[Position]

Occupation:
REFERENCES
