

A GACD Implementation Science e-Hub Case Study

Adapting policies and interventions to new contexts

This case study was developed based on the work of
Ulaanbaatar salt intake program and Mongolian National Salt Reduction Strategy

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Case study summary

This case study examines the adaptation of salt reduction policies in Ulaanbaatar, Mongolia, demonstrating the significance of local context in public health interventions. It underscores the process of piloting interventions to inform broader strategy development.

Identification and characterisation of implementation issues

Despite the global increase in national salt reduction programmes, translating successful strategies from high-income countries (HICs) to low and middle-income countries (LMICs) like Mongolia remains challenging. Identifying local dietary sources of salt and developing context-specific reduction strategies are crucial steps.

Selection, adaptation, and application of implementation strategies

The Mongolian Ministry of Health's pilot intervention aimed at reducing salt intake within factory worker diets through educational initiatives and modifications to the food served in company canteens. This targeted approach reflects the need for interventions that both inform and alter the food environment.

Development and delivery of the stakeholder engagement strategy

The intersectoral working party's national consultation and training programme facilitated multisectoral collaboration and stakeholder engagement, essential for the intervention's success and the development of a National Salt Reduction Strategy.

Evaluating implementation

Pre- and post-intervention monitoring highlighted a reduction in salt intake and an increase in awareness about the health impacts of high salt consumption, paving the way for the government-endorsed Mongolian National Salt Reduction Strategy.

Results and key findings

The pilot's success and subsequent national policy scale-up were attributed to multisectoral action, [stakeholder engagement](#), and [tailored intervention strategies](#), demonstrating the potential for significant health policy advances in LMIC settings.

Strengths and limitations

Strengths include a comprehensive approach to understanding and addressing local dietary habits, while limitations involve the complexities of adapting and scaling up interventions in diverse settings.

Success factors and challenges

Key success factors involved multisectoral collaboration, targeted educational efforts, and context-specific interventions. Challenges lay in ensuring sustainable government support, financing, and adapting strategies to local contexts.

Next steps

Recommendations for other countries include customising interventions to local dietary patterns, combining environmental changes with consumer behaviour programmes, ongoing advocacy for government support, and early and regular programme evaluation.

Key learning objectives

1. Learn how educational initiatives and food environment modifications can effectively reduce salt intake in specific populations, like factory workers in Mongolia.
2. Explore the role of multisectoral collaboration and stakeholder engagement in developing and implementing national public health strategies.
3. Gain insights into the evaluation process of pilot interventions and the successful scale-up of national health policies, emphasizing the importance of local adaptation and government support.