

Eliminating iodine deficiency in CEE/CIS/the Baltics

A progress report on activities in 2002



January 2003

Background

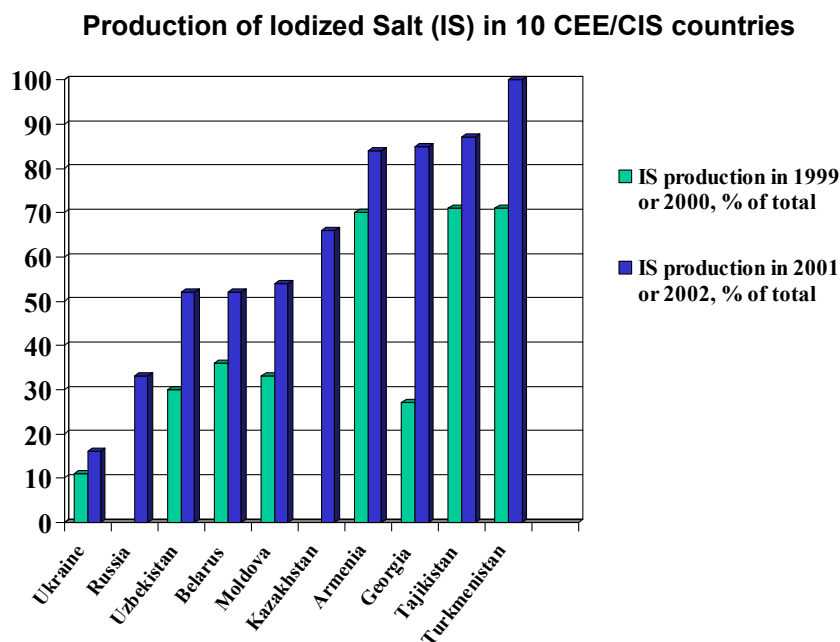
The CEE/CIS/Baltics region has for many years had the lowest salt iodization levels in the world, damaging the learning ability of generations of children and the social, economic and cultural development of the communities, countries and region in which they live. This region possesses the technical capacity to iodize salt. The challenges clearly lie in generating the resources, the political will, and the public demand to achieve universal salt iodization and eliminate iodine deficiency.

The CEE/CIS/Baltic region presents a unique set of challenges in the area of salt iodization. The remnants of centrally-directed thinking; a salt industry sector that is often semi-private rather than private; the previous medicalized approach to the problem of iodine deficiency; the almost complete lack of public awareness of the problem, and the new and often unique political structures that have been created in the wake of Communism all create barriers and slow progress towards iodine deficiency elimination.

Countries working to address these challenges fall into three distinct phases of programme activity:

1. Building commitment and setting the political stage for action;
2. Increasing salt production and availability, coupled with communication activities aimed at creating awareness of the problem and increasing consumption of iodized salt;
3. Fine tuning of the programme, making it sustainable, and assessing progress towards the goal.

This report will analyze progress in the countries funded in relation to these phases of programme activity.



The region has shown an overall growth in the percentages of salt iodized, and it is also clear that countries are taking the problem of iodine deficiency more seriously. Out of 27 countries in the region, 16 have adopted legislation or at least a decree on salt iodization. Development of legislation for Universal Salt Iodization (USI) began in seven countries in 2002 (Latvia, Uzbekistan, Armenia, Georgia, Moldova, Kosovo and Kazakhstan). One country, Romania, completed and adopted salt iodization legislation.

A major factor in accelerating progress in the region was the appointment of chess champion Anatoly Karpov as Goodwill Ambassador. Mr. Karpov's high-level public profile and political contacts resulted in progress in two of the region's key countries – Russia and Ukraine. In Russia, Mr. Karpov attended a crucial meeting of salt producers that took place in October and had high-level political meetings. In Ukraine, a major salt producing country that exports to several countries in the CEE/CIS & Baltics Region, Mr. Karpov met with the President and plans to do so again early in 2003. Mr. Karpov visited the Federal Republic of Yugoslavia and Croatia in July, and further political meetings are planned in CARK countries for 2003.

The support of partners both within and outside the region also generated political will and public commitment. MOST, the USAID Micronutrient Program, and the US Centers for Disease Control & Prevention provided assistance at national and regional level in a number of countries. The Network for the Sustained Elimination of Iodine Deficiency, the public/private partnership aimed at providing support to ensure salt iodization and monitoring of progress, also supported activities in a number of countries, and a Network member, the European Salt Producers' Association, is providing technical assistance in the region as part of the Network's activities. A partnership on fortification, including salt iodization, is taking place with ADB in Kazakhstan, Uzbekistan, Kyrgyzstan, Tajikistan, Uzbekistan and Azerbaijan. The regional offices of UNICEF and WHO jointly emphasized USI at executive level through inclusion of USI in National Food and Nutrition Action Plans, and close cooperation in priority countries Russia, Ukraine, and Turkey.

Another encouraging trend is the indication of renewed salt industry support for iodization. Salt producers' meetings took place in Russia and Uzbekistan, and salt producers became actively involved in social marketing in several countries.

There was also increased commitment at the UNICEF Regional Office. Identifying USI as a regional priority led to a strengthening of management and technical capacity in the region. Work also began on assessing and analyzing the effectiveness of existing communication programmes and products with a view to developing and operationalizing a regional communications and advocacy plan. An interim regional communications strategy was developed to meet immediate needs, particularly in relation to Mr. Karpov's activities.

Countries in Phase One: Building commitment

Countries in Phase One are building commitment and setting the political stage for salt iodization. These countries have already recognized that iodine deficiency is a problem, and that universal salt iodization is the most cost-effective and sustainable way to achieve rapid progress on a national scale. All countries in the region agree that the problem of iodine deficiency is significant, and most have endorsed universal salt iodization as the means to eliminate it.

Six USAID-supported countries in the region are in Phase One in terms of progress on salt iodization:

In **Belarus**, there is a growing understanding among partners that legislation enacted in 2001, which stipulates mandatory use of iodized salt for the food industry but not for retail salt, needs to be improved. UNICEF focused in 2002 on advocacy to improve legislation and normative frameworks on USI as well as on activities such as awareness assessment about iodized salt, together with a public awareness campaign. A functioning national coalition of government, salt producers, public health authorities and consumer groups must be established to formulate a plan of action and begin overcoming barriers to universal salt iodization. The 2003 priority will be the drafting of a decree to impose a ban on non-iodized salt imports to Belarus.

A meeting organized by the World Health Organization (WHO) in June of 2002 strongly suggested that **Estonia** and **Lithuania's** National Food and Nutrition Plans include reference to universal salt iodization to eliminate iodine deficiency. A programme review mission is planned for **Lithuania** in March 2003 to assist with the development of a National Plan of Action for USI.

Key developments in **Russia** this year included the holding of a National Salt Producers' Conference in October, organized by the country's two salt producers' associations with the support of the Ministry of Health, the Russian Academy of Medical Sciences and UNICEF. The meeting agreed to set up a Public Coordinating Council of representatives of the salt industry, government agencies and public organizations to coordinate the Russian Federation's efforts to eliminate iodine deficiency and to create a forum for the exchange of ideas and the development of common strategies. The participation of Regional Goodwill Ambassador Anatoly Karpov, together with representatives from WHO, Kiwanis International, the Network for the Elimination of Iodine Deficiency, the European Salt Producers' Association and UNICEF raised the profile of the event as a major advocacy activity.



The salt producers' meeting in Russia in October 2002

The situation analysis of the iodized salt market carried out in 2002 by the two main salt producers associations with UNICEF support showed Russian salt manufacturers have created the necessary conditions for fully supplying the country's consumers with iodized salt to achieve rapid elimination of IDD. But while the technical capacity now exists, production and supply of iodized salt in Russia remains voluntary and additional efforts are needed to place USI in the national legal framework. With the support of UNICEF, the International Confederation of Consumer Protection

Associations has developed draft USI legislation for submission to the Federal Legislation Assembly.

A cost-benefit analysis for universal salt iodization and iodine deficiency was carried out using the PROFILES system. The analysis shows that without action to reduce iodine deficiency, the Russian Federation will lose over US\$1.4 billion worth of future productivity over the next five years alone. Conversely, immediate action to cut the goiter rate in half during this period would result in a productivity gain of US\$355 million and would protect some 200,000 newborns from losses in learning ability. Areas of action in 2003 will include supporting the Public Coordinating Council, advocating with the government on the issue of mandatory salt iodization, and supporting the salt sector on social marketing and communication.

The volume of iodized salt being produced in **Ukraine** has been steadily increasing, but there is no recent national data on the use of iodized salt. While an enabling environment for legislation does not yet exist, there has been movement towards this. A meeting between Regional Goodwill Ambassador Anatoly Karpov and Ukrainian President Kutchma resulted in the President giving his personal commitment to addressing the problem of iodine deficiency, and agreeing to sign a decree on salt iodization that is expected to be enacted in 2003. The two men will meet again early in 2003. In addition, the Cabinet of Ministers adopted a National Programme on the Prevention of Iodine Deficiency in the Ukraine on 25 September. A national survey on iodine and iron status, as well as on the use of iodized salt, has been carried out with the support of the Centers for Disease Control and Prevention. A PROFILES cost-benefit analysis is also planned for 2003.

Countries in Phase Two: Implementation

Countries in the implementation phase have the full backing of the government for salt iodization. A national committee or coalition is in place to coordinate and manage the numerous activities needed to increase production and use of iodized salt. Countries in Phase Two have a solid monitoring system that measures at production, distribution and consumption levels and provides programmatic feedback on the quality and quantity of iodized salt and on population iodine status.

Georgia gives high priority to salt iodization, but faces difficulties in implementation. Georgia imports all its salt, mainly for Ukraine. Two Presidential decrees on USI have been issued. A National IDD Council has been established and a state IDD Programme has been launched. Imported iodized salt was exempted from taxes in 1997 and data suggest that an increasing proportion of imported salt is iodized. However, inadequate quality customs control mechanisms and registration raise questions about the validity of the data. Stronger legislation banning the import of non-iodized salt has been developed and is expected to be passed in 2003. Local capacity to iodize salt is being strengthened and national conference is planned for early 2003 to develop a National Plan of Action.

Latvia established an IDD committee in early 2002, but high level commitment to achieving progress must be created. Parliamentary consultations led to a decision to develop legislation aimed at ensuring that all salt for retail and bread making use is iodized and will be presented to the Board of Ministers in 2003. A meeting organized by the World Health Organization (WHO) in June 2002 strongly suggested that Latvia's National Food and Nutrition Plan include reference to universal salt iodization as the programme strategy to eliminate iodine deficiency.

In **Kazakhstan**, the capacity to produce iodized salt is sufficient to meet the requirement, but the USI legislation is lacking to ensure adequate iodine status of the population. In 2002, a programme communication strategy has been developed with support from the Centers for Disease Control, and will target health workers, teachers, schoolchildren, salt producers and retailers, the public, and policy makers. The government has developed a programme for prevention of iodine deficiency, highlighting salt iodization as the major strategy, and development of legislation specifically on universal salt iodization has begun. In 2003, activities will focus around the adoption of legislation as well as ensuring that the system of enforcement is operational and the communications campaign is implemented.

Moldova depends entirely on imported salt. Despite the government's ban on its import, non-iodized salt presents a substantial proportion of the total amount of salt. Activities in 2002 included advocacy to increase government commitment to salt iodization. Since all Moldova's salt is imported, activities focused on the customs authorities and mass media and the country is moving towards officially eliminating the tax on iodized salt. A salt situation analysis is under way and legislation is expected to come into effect in early 2003.

In **Uzbekistan**, programme review and technical support missions on the iodization capacity of the salt sector were conducted in 2002. UNICEF hired a programme assistant for the prevention of micronutrient deficiencies, boosting organizational capacity to address the problem. A national salt producers' meeting took place in October, resulting in a salt industry alliance that will enable it to strengthen its capacity to produce and market iodized salt. The country is also moving forward on drafting legislation.

Countries in Phase Three: Sustaining progress and expanding coverage

The latest household survey in **Armenia** (2000) shows that some 84 per cent of households are using adequately iodized salt. This progress has been achieved in the absence of a legislative framework. A Government Decree and a National Plan of Action were developed in 2002 and submitted to Parliament for approval after a consultative process with related Ministries. UNICEF supported activities to increase awareness by health care providers and the general public on iodine deficiency and on improving monitoring quality. The focus in the year ahead will be upon adoption and enactment of legislation and the National Plan of Action, on conducting a national survey on iodine status and household use of iodized salt as well as on preparing for an external progress review.

In **Bulgaria**, 76 per cent of households are using iodized salt, legislation is in place, and efforts are under way to increase the industry's capacity to iodize salt. The Ministry of Health was an active partner in an extensive programme review carried out by MOST, the USAID Micronutrient Program that concluded that Bulgaria's efforts to date have been successful and that the programme is a strong one. Next steps will be to conduct a national survey to measuring the progress made and ensure that it is sustained.

Kosovo's salt iodization programme has been successful, with a 2002 national survey showing that 84 per cent of households are using iodized salt, moving them to Phase Three of the programme process towards eliminating iodine deficiency. 2002 was a busy year, with the undertaking of the national survey; development of a national action plan, and the establishment of a committee to ensure that progress towards iodine deficiency elimination is sustained. Activities for the coming year will include improving the monitoring system, communicating the benefits of

iodized salt, and providing technical assistance to prepare the country for an external progress review.

Turkmenistan's salt iodization programme is functioning well, and extra programme personnel support is now in place in the country office. A national survey covering both urinary iodine levels and household consumption of iodized salt is planned for 2003, after which Turkmenistan could request an external review of national progress. Government has accepted a higher iodization level is needed to ensure adequate population iodine status, and an inter-ministerial technical working committee has been set up to implement this decision.

Conclusion

In 2002 we have seen major progress by countries in preparing the legal framework for USI and on building an effective foundation for actions to deal effectively with this problem. National alliances have begun to work more vigorously with the salt sector and are looking for new avenues to raise consumer awareness through these channels. The effect of these intensive activities in the coming year will be to move salt iodization forward on regional and national agendas; to increase production of, access to and consumption of iodized salt; to assess progress and to monitor salt iodization levels.

The region stands on the brink of great gains. UNICEF believes that the side event on eliminating iodine deficiency at the United Nations General Assembly Special Session on Children, with the participation of the Chair of the Presidency of Bosnia and Herzegovina and the announcement of the appointment of Anatoly Karpov as goodwill ambassador on iodine deficiency in the region, gave high profile to the region and began a new impetus towards progress that will be sustained and improved.