

IQ+Jagriti

VOL. II, ISSUE 4, OCTOBER 2004

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IDD Day Message, 21st October, 2004

IDD work transcends nutrition and child health. As iodine deficiency affects the brain development of hundreds of millions of children, IDD work should be part of the program to prevent mental retardation. It is important for reproductive health as well because women of childbearing age constitute the most vulnerable group, as iodine deficiency can cause miscarriages, still birth and even maternal death. It is an effective anti-poverty tool, as the poor and the economically disadvantaged need to improve the learning capacity of their children so that they can acquire the needed skills for greater productivity. Moreover, it helps the gender gap issue, as salt serves as an equalizer reaching boys and girls alike.

Global progress in the fight against IDD has been substantial. Lest we forget, we have only reached two-third of the way to the goal. To date, one-third of the

world's people remain unprotected, among them a significant number live in India. With political commitment from the new government and strong support at the crucial state level, ICCIDD stands ready and eager to work with other international organizations in supporting the Indian authorities to reach those not yet protected against iodine deficiency. Together we will work towards a new dawn for world's children's right to a normal brain growth for a productive future.



Jack C. Ling,
ICCIDD Chair



UNICEF Visionary

"James P. Grant was a visionary with a missionary zeal . . . whose faith in human capacity for doing good was so profound, and whose capacity for seeing a silver lining in every dark cloud was so total. A man of holistic vision . . . a master at simplifying complex issues until they became easily understandable and readily doable"

Citation from Kul Gautam "Ten Commandments of Jim Grant's Leadership for Development."

Micronutrient deficiency does not produce hunger, as we know it. It gnaws at the core of health, but not below the belly. Most its consequences are not readily perceived; like the iceberg, its bulk lies beneath the surface. Even its most apparent effects- such as blindness and cretinism seem to most people to be unrelated to diet. That is why we call it "hidden hunger" and why such an extraordinary effort must be made through every available channel to drag it into the open, make it visible as an issue at the political level, and empower families with the prevention knowledge they need.

James P. Grant, Executive Director, UNICEF

From: Ending Hidden Hunger (A Policy Conference on Micronutrient Malnutrition) Montreal, Canada 1991

असतो मा सद्गमय
तमसो मा ज्योतिर्गमय
मृत्योर्मा अमृतं गमय

*From the unreal lead me to the real;
From darkness lead me to light;
From death lead me to immortality.*

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Circulation

Smt. Saroja Narayanan

Printed & Published by:

Dr. C. S. Pandav
on behalf of ICCIDD

Contact Address:

Room No 28, CCM Building,
Old OT Block, All India Institute
of Medical Sciences, New Delhi-
110029 Tel: 011-26588522

E-mail: cpandav@iqplusin.org

Website: www.iqplusin.org

Designed & Printed at

Pathfinders, Lajpat Nagar

Ph.: 26295066

ICCIDD Vision & Mission

Vision: The vision of ICCIDD is a world virtually free from Iodine Deficiency Disorders with national endeavors to maintain optimal iodine nutrition primarily through consumption of iodized salt, which should be made easily available and affordable for all people for all times.

Mission: The mission of ICCIDD is to provide a focused advocacy to governments and development agencies, of a continued priority for iodine nutrition, providing technical expertise in a multidisciplinary approach.

Dedication: ICCIDD dedicates itself to programs fully supported at the national level for permanent, sustained success and will work with all partners and national entities towards that end.



Editorial

Dear Colleagues,

The month of October has come to be known as 'IDD Month'; so also, 21st October as the 'Global IDD Day'. National Governments, bilateral and international agencies and various civil society groups, public institutions, trade & industry and a range of other stakeholders, all come together to mark the day. This is also an occasion for reviewing the progress of, and plan ahead for sustainable elimination of iodine deficiency disorders and renewing the commitments, as well as airing the concerns.



It is important to remember that sustainability is the key component of the IDD Elimination program. Recent reports suggest that there cannot be a place for complacency in this program of global interest. The re-emergence of IDD in some parts of Europe, where it was eliminated, is a pointer to this. What is needed is eternal vigilance.

Observance of 'days' and celebrations reach a peak with policy and program declarations and statements. These are also occasions when different stakeholders often come together, interact closely, and share the experiences and concerns. But on many an occasions, the target client is often kept out of reckoning. In the case of IDD Elimination program, it is the consumers as a whole and the children in particular. While it is practically impossible to pick and choose consumers because of the magnitude, the role of representative groups needs to be optimized.

As we observe IDD day in October, together we can give a new definition to 'sustainability' by effectively putting into practice the policies and programs with an efficient delivery system ably supported by national, regional and global partnerships. The problem concerns us all; to overcome it is the concern of us all; the success of it concerns us as well as the future generations.

Dr. Chandrakant S. Pandav

Regional Coordinator, ICCIDD-South Asia Region.

WHO Regional Committee For South-East Asia

The 57th Session of WHO Regional Committee for South-East Asia was held at Kurumba, Maldives from 7th to 9th September, 2004. Parts of the proceedings are reproduced here:

1. Statements by Representatives of Nongovernmental organizations ICCIDD
2. Consideration of the Report of the Ninth Meeting of Health Secretaries
3. Resolution SCA/RC57/R4 Iodine Deficiency Disorders in the South-East Asia Region
4. Full Text of the ICCIDD statement read out by Prof. M.G.Karmarkar, Senior Adviser, ICCIDD. This was drafted jointly with Prof. Chandrakant S. Pandav, Regional Coordinator.

Ed.

1. Statements by Representatives of Non-governmental Organizations

Prof. M.G. Karmarkar (International Council for Control of Iodine Deficiency Disorders ICCIDD) said that ICCIDD, a non-profit nongovernmental organization, had pledged its technical expertise for tracking progress towards sustainable elimination of IDD. ICCIDD has the mandate to promote collaboration with stakeholders and national governments in a spirit of partnership. Iodine deficiency disorders adversely affected the learning abilities of children and denied them the opportunity of attaining their full mental and physical potential. ICCIDD was providing technical assistance for public distribution of iodized salt to families below the poverty line, thereby helping to counter macro and micro-nutrient deficiency.

2. Consideration of The Report of The Ninth Meeting of Health Secretaries (agenda item 11)

Review of Iodine Deficiency Disorders in the South-East Asia Region (Agenda item 11.1, document SEA/RC57/Inf.3 Rev.1)

The Committee was informed that the subject had been discussed at the Ninth Meeting of Health Secretaries in July 2004, and that the summary of the discussion was available in the report of that meeting.

The Committee noted that Iodine Deficiency Disorders (IDD) programmes were at various states of development in countries of the Region. While some countries were close to achieving IDD elimination by the end of 2005, others were far from the goal. Although sufficient salt was being produced for consumption in some countries, all of it was not being adequately iodized. Apart from the visible effect of IDD, in the form of goiter, its other alarming effects on human brain development including cognitive losses were not generally known. While noting the commitment of Member States to the prevention of IDD, the Committee stressed the urgent need to strengthen prevention and control programmes in order to achieve the goal of IDD elimination.

The Committee recognized IDD as a serious public health problem and although aware of the various effects, confirmed the need for further research. Stringent quality control measures to ensure adequate iodization of salt needed to be put in place, and monitored closely. It was essential to enhance community awareness at all levels, using electronic and print media such as posters and leaflets translated into local languages. Social marketing campaigns, particularly at the district level, would help in raising community awareness about the health benefits of using iodized salt. Involvement of schoolchildren in educational campaigns on the advantages of iodized salt would also be useful. Regulatory mechanisms were necessary to ensure adequate availability of iodized salt. Member States should also ensure community involvement in the control of IDD.

The Committee was informed that Member States had developed national strategic plans for control of iodine deficiency disorders. Efforts were ongoing to integrate iodine deficiency disorders and universal salt iodization into health curricula. Similarly, control of other micro-nutrient deficiencies such as anaemia and developing national strategies on infant and young child feeding also merited attention.

The Committee expressed satisfaction that, in addition to the IDD control programme, Member States were also according importance to nutrition and maternal and child health care programmes.

The Committee was informed that while iodization of salt had generally been adequate, optimum household coverage as per the WHO recommendations had not been achieved due to inequitable distribution. The Committee, therefore, stressed the need to ensure sustainable and uniform availability of iodized salt in all countries.

The Committee emphasized the need to have an in-built monitoring and evaluation system for assessing the use of iodized salt as well as the progress achieved towards meeting the targets set for 2005.

The Committee also noted that steps needed to be taken to prevent loss of iodine at the manufacturing stage and during transportation, for which appropriate logistic arrangements should be made.

It was recognized that active multisectoral collaboration was essential for the success of the IDD prevention and control programme.

The Committee noted with satisfaction the efforts being made by Member States but emphasized that in order to achieve the target of IDD elimination by 2005 they needed to be further accelerated. WHO would be willing to assist Member States in enhancing advocacy and awareness measures in this regard. As requested by the Health Secretaries in their last meeting held in July 2004, WHO would establish a Regional Technical Group to provide technical guidance to Member States on IDD elimination programmes.

The Committee endorsed the recommendations made by the Ninth Meeting of Health Secretaries and adopted a resolution on the subject (SEA/RC57/R4).

3. SEA/RC57/R4 : IDD in the South-East Asia Region

The Regional Committee,

Recalling World Health Assembly resolution WHA49.13 and WHA52.24 on prevention and control of iodine deficiency disorders,

Concerned that iodine deficiency remains a major challenge to the health and development of the population in the South-East Asia Region, and that in addition to causing goiter, dwarfism and other anomalies, it may result in stillbirth and miscarriage, brain damage and intellectual impairment,

Recognizing that the elimination of iodine deficiency will herald a major public health triumph and contribute to national and regional economic development,

Noting further that many Member States have established IDD prevention and control programme,

Mindful of the concern about existing salt iodine monitoring and quality control mechanisms and legislative procedures,

Concerned that the goal for IDD elimination is 2005, but that progress towards achieving this goal has slowed down, and

Taking into account that the amount of effort required to achieve the goal of IDD elimination will vary in countries,

i. URGES Member States:

- (a) to reaffirm their commitment to early and sustainable elimination of IDD by ensuring universal salt iodization including required iodine content at

the consumer level through harmonizing partnerships with salt manufacturers, and

- (b) to take urgent measures to accelerate the implementation of IDD prevention and control programmes by according due priority so as to eliminate IDD at the earliest, and

ii. REQUESTS the Regional Director:

- (a) To strengthen cooperation with Member States, at their request, and with international organizations, in providing technical assistance for training, and establishing/strengthening quality control assurance systems in close collaboration with the salt industry, including facilitation of networking of reference laboratories for iodine estimation;
- (b) To strengthen advocacy efforts for renewed commitments to these programmes, including, where possible, appropriate research with relevant partners;
- (c) To provide technical support for the development/adaptation of different methodologies required to strengthen the programme, preparation of guidelines, and promotion of exchange of information and creating awareness to increase public demand for iodized salt for human and animal consumption, and
- (d) To report on the results achieved in implementing this resolution to the sixtieth session of the Regional Committee in 2007.

4. WHO - 57th Regional Committee Meeting - ICCIDD Statement

Chairperson, Excellencies & Distinguished Delegates.

May I, on behalf of my colleagues in the International Council for Control of Iodine Deficiency Disorders (ICCIDD), first of all thank the Regional Director for extending the invitation to attend the 57th Regional Committee Meeting in Male, Maldives. And also congratulate RD for an excellent & comprehensive report.

ICCIDD is a non-profit non-governmental organization dedicated to sustainable elimination of IDD throughout the world. The ICCIDD was granted official status as an international NGO at the 47th World Health Assembly held in Geneva in 1994. The ICCIDD pledges its technical expertise to assist the Member countries for "Tracking progress towards sustainable elimination of Iodine Deficiency Disorders (IDD)". Our mandate is to promote collaboration with stakeholders in the spirit of true partnership to end the hidden hunger of iodine deficiency.





The ICCIDD looks forward to closely collaborate with the National Governments of the Member Countries along with partner agencies for Tracking Progress towards sustainable elimination of IDD.

One of the significant achievements in the South East Asia region under the leadership of Regional Director of WHO, Dr. Samlee Plianbangchang, is the progress made in elimination of iodine deficiency disorders. In the field of non-communicable diseases and mental health, it is known that iodine deficiency is the single most common cause of mental handicap. At the same time, iodine deficiency is the most common preventable cause of mental handicap, as well.

Children in iodine deficiency environment on an average have 13 IQ points less as compared to those children who live in iodine sufficient areas. This adversely affects learning abilities of children, repeated failures and school dropouts thereby denying them the opportunity of attaining their full mental & physical potential. Ensuring mental health for all will not be achievable without elimination of iodine deficiency induced psychomotor retardation.

The groups at maximum risk of iodine deficiency are the pregnant women and the newborn children. To ensure family and community health, iodine deficiency disorders, one of the main predisposing causes of child morbidity and mortality must be eliminated.

It is now established that iodine deficiency is a disease of the soil. The deficiency in soil causes iodine deficiency in plants and animals. The human populations feeding on such plants and animals suffer from iodine deficiency. Together, it affects the socio-economic fabric of a community leading to adverse health effects and effects on the productivity of land and livestock.

While the situation still requires attention, the results of efforts made in many countries of the WHO SEARO Region with respect to availability of adequately iodised salt so far are encouraging. We can safely say, "The glass is more than half full".

History teaches us that the sustained elimination of IDD requires constant vigilance of a range of professional and public interests. Too many of us may diminish our efforts when we reach the first plateau. The long, climb to eliminate the stealthy scourge of IDD from the globe begins with the achievement of Universal Salt Iodization.

The primary concern of all of us is to ensure that every person should and every mother and child must get his or her daily iodine requirements for all time to come. The question is 'how?'

Some countries of the region are making efforts to reach the vulnerable population by providing coarse grains, pulses and iodized / double fortified salt to below poverty line (BPL) families through the public distribution system to counter macro and micronutrient deficiency. Technical assistance is being provided by ICCIDD in implementation of this program of the government.

The ICCIDD played pivotal role in policy formulation by regular interactions and supply of inputs to elected representatives, parliamentarians and policy makers. WHO has been ably assisted in bringing out the latest 'IEC kit'. We assist the salt industry in maintaining the quality of iodized salt through our quality assurance program on a regular basis. As part of strengthening the technical / scientific aspects of the program of USI in collaboration with WHO SEARO Office, we have organized two training programs, one in September 2002 and another in April 2003 at our laboratory in New Delhi wherein participants from 9 countries in the South east Asia region were trained. Our partnership with the civil society groups is expanding. All these, in fact, are in consonance with WHO's future plan of action.

Expertise and experiences are available amongst the Member countries. What is needed is coming together of policy makers and scientific fraternity. Together they can start an odyssey into future ably supported by our partners of private sector, the iodised salt producers towards a world devoid of IDD, and a healthy society. Thus, fulfilling the Right of Every Child to optimal physical and mental development.

And what a befitting health and nutritional problem to address that can be guided by three principles of working together as stated by Dr. Lee Jong-Wook, the Director General of World Health Organization.

To quote,

" We must do the right things.
We must do them in right places.
And we must do them in the right way"

The Elimination of IDD will be a great triumph in the field of public health, comparable to the eradication of smallpox". This is eminently possible. For there are few moments in time when there is a clear fork in the path of major human endeavor. As we battle against the ancient and pervasive scourge of iodine deficiency, we are certainly at a turning point. Never before has the way to our goal been so clear or so near. Never before have we been able to see so clearly or so far.



The North-Eastern Declaration

Sustaining IDD Elimination Through Universal Salt Iodization
In The North-Eastern Region, India (25-26 June 2004)

A Regional Workshop on the theme of Sustaining Iodine Deficiency Disorders elimination through Universal Salt Iodization in the North-Eastern Region" was held in Guwahati on 25th and 26th June, 2004. Major national and international organizations, including UNICEF, The MI and ICCIDD participated in the proceedings along with state and national institutions. The culmination of the workshop was marked by the document, "THE NORTH-EASTERN DECLARATION". We reproduce the text of the Declaration.

We, the government officials, salt traders, Non Governmental Organizations and representatives of State and National Institutions, bilateral and international agencies (ICCIDD, Micronutrient Initiative and UNICEF) participating in the Regional workshop on "Sustaining Iodine Deficiency Disorders elimination through Universal Salt Iodization in the North-Eastern Region" held in Guwahati (Assam) on 25-26 June 2004,

Realizing:

- That Iodine Deficiency Disorders are the most preventable cause of brain damage
- That no state in the North-Eastern region is free from Iodine Deficiency Disorders
- That Universal Salt Iodization is the most effective method to achieve and sustain the elimination of IDD as a public health problem in India

Subscribing:

- To the goal of replacing common salt with iodized salt for human consumption
- To the commitment made at various levels, nationally and internationally, and in several occasions by the National and States Governments to eliminate IDD in India through Universal Salt Iodization strategy
- To the national effort to eliminate IDD through sustained use of adequately iodized salt
- To the state level legislation to sell only adequately iodized salt for human consumption
- To the importance of producing only good quality iodized salt in the plants established in the North-Eastern region

Recognizing:

- That substantial effort has been made, resulting in increase in the consumption of iodized salt in the North-Eastern region over the last two decades
- The important role of salt suppliers in achieving the objective of USI in the North-Eastern region
- Our responsibility in ensuring the right of every newborn in the region is protected against brain damage

- That we can significantly contribute to protect the 40 million large population of the North-Eastern region against IDD including brain damage.
- That daily use of good quality iodized salt will enhance human resource development in the region
- That there has been sign of a downward trend in the availability and consumption of quality iodized salt at household level in the region

Reaffirm our commitment to the strategy of Universal Salt Iodization and our determination to accelerate and sustain IDD elimination through Universal Salt Iodization Strategy in the North-Eastern region. In order to operationalize this commitment on one hand and create enabling environment for the smooth implementation of the strategy on the other, the following recommendations are made at the workshop.

RECOMMENDATIONS

I Sustaining High Level Political Commitment

- North-Eastern Council has an important role in the facilitation and acceleration of the strategy. The Council leadership team should include Chief Minister, Health Minister, Food and Civil Supply Minister and Social Welfare Department in collaboration with Union of Railway and Union Ministry of Industry. IDD elimination through USI strategy should be included as an agenda item in their meetings
- The North-Eastern Council should lead a delegation to Union Minister of Railways for adequate monthly provision of rakes and for converting of meter gauge into broad gauge
- Chief Minister to all DM to take up IDD/USI in their monthly review and similarly, Ministry of Health writing to CMHO's and Ministry of Food and Civil Supply writing to District Supply Officer emphasizing the importance of the programme
- The states should include IDD elimination into their development plan as it is related to Human Resources Development

- Political support should be translated into increased budgetary allocations for each state
- Involve PRI in the implementation and monitoring IDD elimination programme
- Integration of IDD elimination with other on-going programme
- Enlarge existing State level IDD committee to include also salt traders and representative of the civil society to form the State level IDD Coalition

II Supply and Demand of Iodized Salt

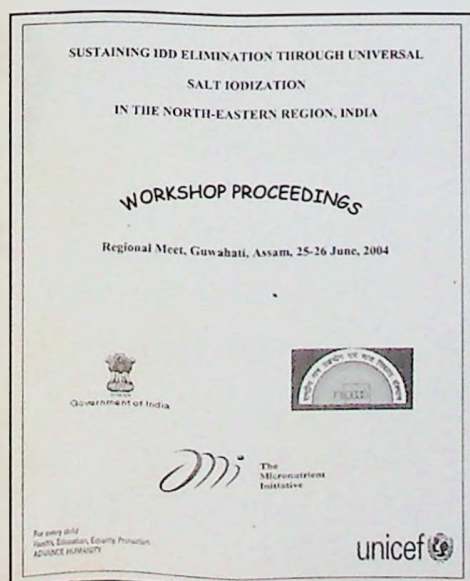
- Use existing network to create awareness about IDD/USI among the community
- Timely and regular supply of railway rakes (14 rakes) to ensure constant supply and availability of iodized salt to the consumer.
- Converting meter gauge to broad gauge for a quicker transportation and reduce loss during transshipment
- Encourage packaging in 1 kg LDPE polybags, mentioning address of manufacturer, date of production and expiry date
- Provide appropriate warehouse facility for storage of iodized salt against loss due to exposure
- Encourage supply of iodized salt through targeted PDS
- Compulsory use of iodized salt in Mid day meal programme, hostels, hospital, prisons, and other institutional facilities
- Optimal capacity utilization of the iodization plants and strict monitoring of the quality of salt produced
- The media and NGOs are important allies to spread

the message about the importance of consumption of iodized salt among the population and professional bodies

III Monitoring Availability and Consumption of Iodized Salt

- Establish and implement an adequate and effective monitoring (qualitative, quantitative, frequency) of the availability and the consumption of iodized salt.
- Include more stakeholders in the monitoring including Educational, ICDS and NGO
- More frequent training of officers involved in monitoring of availability and quality of iodized salt
- State government to fill existing vacancies in the IDD cells
- GoI to provide State Government with Laboratory infrastructures including titration at state level and regional facility for UIE determination
- As an immediate follow up to this workshop, all state should prepare a POA accelerating USI
- Modify existing monitoring format to capture different type of salt as refined, powdered or crystal loose salt, by developing standard forms
- Share monitoring data with ICDS, FCS and Education department at State level and with MoHFW and Salt Department, ICCIDD, MI and UNICEF on a regular basis for programme course correction
- Set up a state level database on IDD and a North-Eastern regional network to share experience with other states and UTs.

Guwahati, 26 June 2004



GLOBAL IODINE DEFICIENCY DISORDERS PREVENTION DAY 21 October 2004



MESSAGE

Ministry of Health and Family Welfare
Government of India

Neonatal iodine deficiency causes its harmful effect right from the development of fetus to all ages of human being. It could result in abortion, stillbirth, mental retardation, deaf-mutism, squint, dwarfism, goitre of all ages, neuromuscular defects, etc. Iodine deficiency thus, directly affects the human resource development which is the greatly influences India's productivity as well as country's development.

Iodine Deficiency Disorders (IDD) are one of the major public health problems in 130 countries and about 1.5 billion population of the world is at the risk of IDD, out of which more than 200 million are in one country alone. It is a preventable disease, which can be easily prevented and controlled by daily consumption of iodized salt.

Our country is self sufficient in production of iodized salt having a capacity of more than 175 lakh tonnes per annum. It is important to ensure awareness among the people residing in remote and backward areas about the consequences of IDD and role of iodized salt in their prevention.

On the occasion of Global IDD Prevention Day, being celebrated in the country, let us make a pledge of consuming iodized salt in order to prevent, control and finally eliminate Iodine Deficiency Disorders from the country. The Centre is implementing National Iodine Deficiency Disorders Control Programme (NIDDCP) to achieve the goal of reducing IDD to less than 10% in the entire country by 2010.

I wish all success to the Programme on the occasion of Global IDD Prevention Day.

(Dr. Ashwani Kumar)



MESSAGE

Ministry of Health and Family Welfare
Government of India

Iodine Deficiency Disorders (IDD) continue to pose a serious threat to the health, well being, economic productivity and advancement of several hundred million people worldwide. The sad reality is that people living in iodine deficient environment and consuming only locally grown food, suffer from reduced mental abilities and are at the considerable risk of producing children as off-springs. All these conditions have profound implications for the individual and family and impose significant burden to the society as a large.

In order to alleviate existing condition, we are implementing National Iodine Deficiency Disorders Control Programme (NIDDCP) as hundred per cent Centrally sponsored Programme, with emphasis on IDD survey, supply of iodized salt, laboratory monitoring and health education. Iodized salt is the most effective, economical and inexpensive way to control the problem of Iodine Deficiency Disorders.

Iodine is an essential micronutrient. 100 - 150 micrograms of daily intake is essential for normal human growth and development. One spoon of iodine is sufficient for a life span of 70 years. We have produced 42.5 lakh tonnes of iodized salt during the last year against the annual requirement of 50 lakh tonnes for human consumption.

I wish the Programme all success.

(Parashakti Lakshmi)

WHAT YOU SHOULD KNOW ABOUT GOITRE AND OTHER IODINE DEFICIENCY DISORDERS

- Goitre is a disease of Thyroid Gland characterized by swelling in the neck.
- Goitre is caused by deficiency of iodine in the food.
- Goitre affects people of all ages and both sexes but it affects the children most.
- Iodine Deficiency Disorders hinder both mental and physical health.
- Except certain types of goitre, iodine deficiency disorders are permanent and incurable.
- Consumption of iodized salt prevents goitre and other iodine deficiency disorders.

CORRECT USE OF IODATED SALT

- Always use iodated salt and save yourself from goitre and other iodine Deficiency Disorders.
- Whenever you buy salt, insist on iodated salt only.
- Always store iodated salt in a container with lid and keep it away from direct sunlight and moisture.
- Iodated salt should be used within six months of its purchase.

DON'Ts

- Never store iodated salt near fire.
- Never use ordinary unlined jute bags for transport of iodated salt.
- Never store in the open or in a damp, poorly ventilated godown.
- Avoid transporting in open trucks or in open railway wagons.
- Never store iodated salt beyond six months.



IDD and Nutrition Cell, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India

day2004/105

Global Iodine Deficiency Disorders Prevention Day

21st October, 2004



Shri. Arjun Singh,
Union Minister for
Human Resource Development



Shri. Karthi Singh,
Minister of State,
Human Resource Development

Prevalence of Iodine Deficiency Disorders (IDD)

More than 10% prevalence (endemic) of IDD in 260 Districts out of 321 Districts surveyed covering all States/UTs.

No State/UT in India is free from IDD.

(Source: DHD Website Oct 2004)

Consequences of Iodine Deficiency

Foetus	Abortions, Stillbirths, Congenital anomalies, Increased Perinatal Mortality, Squint, Deaf-Mutism, Mental Deficiency, Spastic diplegia, Dwarfism
Neonate	Neonatal Goitre, Neonatal Hypothyroidism
Child and Adolescent	Loss of 10-15 IQ points, Impaired Mental function, Retarded physical development, Goitre, Juvenile Hypothyroidism
Adult	Goitre with its complications, Hypothyroidism, Impaired mental function



(Goitre)

JUST REGULAR CONSUMPTION OF IODISED SALT CAN PREVENT ALL THESE DISORDERS.

Iodine deficiency is the leading cause of preventable mental retardation.

CONSUME ONLY IODISED SALT AND PREVENT IDD



Food and Nutrition Board, Department of Women and Child Development
Ministry of Human Resource Development, Government of India



day2004/105

IEC material released on IDD Day 2004 by Ministry of Human Resources Development, Government of India

National Iodine Day in Thailand

The National Iodine Day in Thailand has been started in 2003. In this year, 25 June 2004, networking of Iodine Deficiency Disorders (IDD) Program more than 350 people from 75 provinces of the whole country both government and private sectors, which were composed of the representatives from Department of Health, the Food and Drug Administration (FDA), all provincial chief medical officers, student FDA youth volunteers and responsible teachers, Thai Red-Cross Volunteer, the Association of Thai Community Development Women Leaders and iodized salt producers, were gathering and participating the activities of National Iodine Day at the Ministry of Public Health (MOPH). The objectives of this event were to increase the knowledge of controlling Iodine Deficiency Disorders and to increase efficiency of monitoring quality of iodized salt by Thai youth and all partners.

The activities included a meeting to build up partnership for controlling quality of iodized salt. This was received great honor from The Permanent Secretary Dr. Vallop Thaineua to inaugurate the meeting and Professor Jack C. Ling, Chairperson ICCIDD Board of Directors to give the keynote address: The Global IDD strategy and Thai progress. There were the demonstration and practice of using iodine test kit (I-kit) for testing iodized salt. The Chairperson, Deputy Minister of Public Health, presided over the ceremony releasing the caravans to provide iodine test kits for FDA youth volunteer and all other partners. The caravans were discharged from MOPH, for campaign iodized salt quality monitoring over the country during June 26 to August 26, 2004. I-kits were also distributed via these caravans to over 10,000 schools.

This campaign was organized by Department of Health. The day was preceded by publicity on the mass media material, news captions, and was covered by national television. Brand list of iodized salt was announced to the public. Those brands that do not have good quality of salt, will be rectified and monitored. The event greatly raised public awareness of the IDD problem and daily use of adequately iodized salt as its solution.

Partnership - an Experience Sharing

Partnerships enrich and strengthen programmes and enlarge the reach in implementation. This is especially relevant in situations where stakes are high and resources are limited. It has particular importance in the context of activities in the social and development sector. A public health programme, such as elimination of iodine deficiency disorders, which has pointed significance to the health, and development of the nation's population, is one such example.

The coming together of various stakeholders, and able leadership both at policymaking and professional level, has proved effective and successful with respect to National Iodine Deficiency Disorders Control Programme in India. If sustainability is a tool to measure the success of a programme, collaboration contributes eminently towards it. The intersectoral approach to address the public health problem of IDD is a pointer to this. It is in this context that we bring out this report to share the experiences and success of a partnership programme, which is showing results in a short span of time. The report in book format is titled Partnership- Key to Success & Sustainability.

ICCIDD is planning to span out and enlarge the scope of this partnership with other groups interested in the physical, mental and social well being of the people. ICCIDD strongly believes that partnerships and collaborations are two key factors that contribute to the success of any development program.

Interested organizations / institutions may contact ICCIDD Secretariat. This will be mailed free of cost, subject to availability of stock.





ICCIDD Statement on Partnership

At the National Partners' Meeting on Breastfeeding India Habitat Centre, New Delhi
7th August, 2004

What gives us context in life is to work for children for optimum physical and mental development of children. This is possible only if we take care of both mother and child and the family as a unit.

The iodine story also focuses on mother and child and the family as a unit.

We have experiences of successful partnerships. It is shared in our publication "partnership key to success and sustainability a development sector experience".

We pledge our commitment to the partnership.

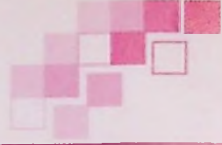
The element of iodine was discovered in 1811, but almost a century passed before it was established that lack of iodine caused the swelling of the thyroid gland commonly known as goiter.

Following research in 1921 showing that 90% of Zurich schoolchildren were suffering from goiter, the government of Switzerland becomes the first in the world to recommend iodine supplementation either by weekly tablets or by consuming iodized salt. Similar studies revealed a 20% to 30% incidence of endemic goiter among schoolchildren in Austria, Northern Italy and Germany.

In the United States, the alarm was first raised in Michigan in 1918 when it was revealed that over 30% of men medically examined for war service had been found to have enlarged thyroid. Many were declared unfit for service. By 1923 an Iodised Salt Committee had been formed, including physicians and representatives of the Salt Producers Association.

On May 1, 1924 six local salt companies began loading iodised salt on the shelves of Michigan's grocers. Later that same year, the Morton Salt Company began marketing iodised table salt nationwide under the headline "Children protected against simple goiter are found to be superior in development". In Michigan itself newspaper advertisements boosted sales, and by 1932 iodised salt accounted for 90% to 95% of all sales.

Meanwhile, Europe was also moving towards salt iodisation swiftly controlling goiter, cretinism, and the milder forms of iodine deficiency. Illustrating the need to maintain vigilance, the problem now appears to be re-emerging in parts of Australia, Belgium, France, Germany, Italy, Poland, the Balkans, the Commonwealth of Independent States, and in the Central Asian Republics.



The Indian State of Chattisgarh has introduced the scheme of distributing through public distribution system (PDS) the 'Chattisgarh Amrut Namak' brand of iodized salt to below poverty line population in the state. Started on 26th January 2004 (Republic Day of India), it initially catered to 9,40,000 families and later extended to 19,61,000 families on 15th August 2004 (Independence Day of India). It is priced at 25 paise per k.g. (as low as 0.5 cents!)

Student's Parliament, New Delhi, 7th October, 2004

HRIDAY SHAAN, an NGO engaged in health awareness and capacity building programmes, especially among students and youth, in association with the American Cancer Society organized a Students' Parliament on Health Awareness at the Jawaharlal Nehru Auditorium, AIIMS in New Delhi on Thursday, the 7th September, 2004. This is one of the parliaments being organized on regional basis and will be culminated with national parliament in April 2005.

There were 500 high school grade students and their teachers from various Delhi schools participated.

ICCIDD has negotiated to put up an exhibition and demonstration booth to highlight various aspects of IDD and iodized salt. Our stall had facilities for spot testing of salt. It afforded ICCIDD the opportunity to demonstrate the use of salt testing kit for iodine content at the production level as well as the consumer level. Various Books, Publications, handouts, and ICCIDD Newsletters were displayed. The '20 questions' and Time Table were distributed to students. The demonstration instilled interest among the children and ICCIDD team interacted effectively with the audience in the day long program.

Program with Bharat Scouts and Guides, 11th October, 2004

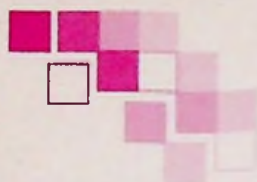
ICCIDD has participated in the BSG program "Seminar on Community Development Project and Services" on 11th October, 2004 at the National Youth Centre, Gdपुरi in the state of Haryana. The Session started with introductory speech by Dr. Sai Prabhawati, Deputy Director, BSG and Leader of the Event. This was followed by theme setting and presentation on Iodine Deficiency Disorders by Mr. Peter Parekattil.

The module of the interaction covered:

1. A brief Introduction of the ICCIDD and the team.
2. PowerPoint Presentation
3. Demonstration of Spot Testing of salt for iodine content
4. Interactive Session
5. Distribution of salt testing kits for sample testing at the participants respective home base, format for report writing, 20 questions, and other IEC materials.

The participants attended the interactive session with keen interest. At the end of the session they all appeared convinced regarding the spectrum of IDD problem and the importance of consumption of adequately iodized salt. They all pledged to spread the awareness and participate whole-heartedly in the campaign against IDD in the society.

The participants were from all parts of the country and engaged in community development activities as part of their Scouts & Guides activities.



"Take the case of the world's salt manufacturers. Working with the United Nations, they have made sure that all salt manufactured for human consumption contains iodine. The result is that every year, more than 90 million newborn children are protected against iodine deficiency, and thus against a major cause of mental retardation."

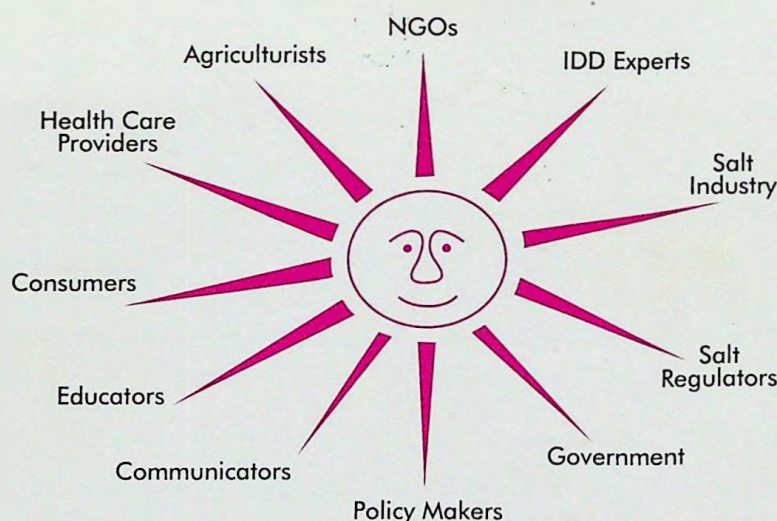
Kofi Annan,

UN Secretary General

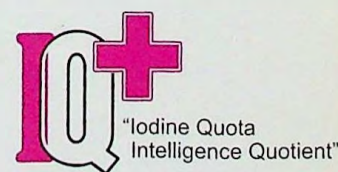
in his address to the World Economic Forum (4th Feb, 2002)

आयोडीन युक्त नमक प्रतिदिन।
बुद्धि और स्वास्थ्य सुरक्षित हरदिन।।

**Daily consumption of Iodised salt
is a healthy habit**



Sustaining Elimination of IDD



Publishing any material in IQ+ Jagriti does not necessarily mean ICCIDD's endorsement of the views expressed therein or the results quoted.

Materials for publication, subscription request, comments may be sent to: Dr. Chandrakant S Pandav

Address: Room No 28, CCM Building, Old OT Block, All India Institute of Medical Sciences, New Delhi 110029

E-mail: cpandav@iqplusin.org