IDD NEWS

IQ+ Jagriti

VOL. IV, ISSUE 3, SEPTEMBER 2006

IN THIS ISSUE

COMMUNITY HEALTH LIBRARY AND INFORMATION CENTRE BANGALORE

Tracking Progress Towards Sustainable Elimination of Iodine Deficiency Disorders
Sri Lanka - Another Success Story

LOSS OF iQ : IMPLICATIONS

The Intelligence Quotient (IQ) score of children living in an iodine deficient environment is nearly 13 IQ points less than those living in iodine sufficient environments

IMPLICATIONS OF LOSS OF IQ

Poor scholastic performance

↓

Frequent failures / grade repetitions

↓

Absenteeism / Dropouts

↓

Impact : Retarded social & economic growth

Meeting with the President of Sri Lanka

The President of Sri Lanka, His Excellency Mr. Mahinda Rajapaksa (R) and Dr. Chandrakant Pandav (L). Dr. Pandav appraised the President of the ICCIDD-MI initiative in Sri Lanka to improve the quality of iodised salt on a sustainable basis. Dr. Pandav congratulated the President for the successful progress towards sustainable elimination of IDD.

Build a Country Suitable for Children

"A theme in our Presidential election campaign was to build a country suitable for children. We will plan education, higher education and vocational training on a national scale to help our children and youth to improve their talents and knowledge and do everything possible to brighten the lives of our future generation. ***I recall here what the great Chinese philosopher Confucius said thousands of years ago. "If you are planning for a year grow paddy, If you are planning for ten years plant trees, If you are planning for a century educate people".*** *If we are building our country we should look at this century in which we live and make our national plans accordingly. It is with such a broad vision that we should formulate education policies. I appeal to this August assembly not to consider our interventions for the sake of education as relief assistance but as investments for the sake of the country. During the recent election campaign I was able to read the UNP's election manifesto. I wish to state sincerely that in their manifesto there were several valuable points that should be appreciated. Among them the concept English for All on page 35 drew my attention. I wish to inform you that I hope to implement the concept with some revisions while giving Members of the main Opposition the credit for it. I wish to remind that according to Mahinda Chintana political colours cannot measure good things. We will fully safeguard the right to free education. We will take steps to teach the mother tongue - Sinhala and Tamil - and English to every child. Every child will be provided with a free mid day meal. We shall improve laboratory, language teaching, computer, library, sports and other facilities in all Maha Vidyalayas and other government schools. We will raise 325 schools to the highest level selecting one school from each Secretariat Division. The education service will be depoliticised and a number of steps will be taken for the welfare of teachers and employees in the educational administrative service. One challenge is providing higher education to all those passing the advanced level. The government will accept the challenge. We will increase the number of university admissions and improve facilities in universities. We will also raise the Mahapola and student allowance by Rs. 500. We also take steps to introduce changes in the vocational training under life skills programme. We shall increase training opportunities in the state sector from 60,000 to 100,000 to accommodate school leavers. A 100 more vocational training centres will be set up and 500 community schools will be established under the Vocational Training authority to increase livelihood opportunities."*

- *From the policy statement made by President of Sri Lanka, His Excellency Mahinda Rajapaksa at the opening of the New session of Parliament, 25th November 2005*

RN 13/11/06

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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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Printed at
Sona Printers Pvt. Ltd.
F-86/1 Okhla Industrial Area Phase-I
New Delhi-110020
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ICCIDD Vision, Mission & Dedication

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 iodised 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 multi disciplinary 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,

A consultative meeting to "Review & Develop New Strategies of Salt Iodisation in Sri Lanka", was organised by the Ministry of Healthcare and Nutrition. Sri Lanka is now ready for external evaluation of tracking progress towards sustainable elimination of Iodine Deficiency Disorders. Sri Lanka is another success story after Bhutan in the South East Asia Region.

It is our privilege to acknowledge the contribution of our partner agencies in the preparation of the report on IDD Sri Lanka.

Included in this issue is an article by Chandrasekara Dissanayake who is a Geoscientist from Sri Lanka. The article contains excerpts about global health risks due to iodine deficiency.

Request for articles pertinent to Iodine Deficiency Disorders

ICCIDD is compiling a database of both indexed and non-indexed articles pertinent to IDD in India from 1947 onwards. We aim to make the database accessible online free of charge. To assist this process our readers are kindly requested to forward any relevant articles/material to either the postal or e-mail address. Your efforts will be duly acknowledged.

The 59th Session of WHO's Regional Committee for South-East Asia concluded with a call for a strong commitment and joint endeavours for health development by the Member States. It noted with satisfaction the progress in the implementation of WHO's collaborative programmes and activities in the Region. The Committee deliberated on several issues of importance to the countries and adopted resolutions on subjects of regional priority.

Also included in this issue are the reports from "Awareness Workshop", organised at Visakhapatnam, India by the Salt Department and the First Meeting of the Western Region Panel of salt and iodised salt producers organised by ICCIDD-MII in Ahmedabad.

A report of IEC activity organised in collaboration with our partners Bharat Scouts & Guides and a report on Recce for newer partners for IEC activities is part of this issue.

As we approach 21st October, Global IDD Day, we reiterate our commitment towards elimination of iodine deficiency disorders (IDD) and achieve Universal salt Iodisation. Thanks to the concerned Ministries of Government of India and the efforts of partner agencies for the central ban on sale of non iodised salt is in place in India. It is gratifying to note that iodised salt production in India for the year 2005-2006 has reached 4.96 million tonnes. India is now on track and making steady progress towards sustainable elimination of Iodine Deficiency Disorders.

cpandav

Dr. Chandrakant S. Pandav
Regional Coordinator - South Asia Region

"Review and Develop New Strategies of Salt Iodisation Programme in Sri Lanka" Consultative Meeting at Colombo, 5th September, 2006-A Report

The Ministry of Healthcare and Nutrition, Sri Lanka organised a Consultative Meeting at Colombo on 5th September 2006 to "Review and Develop New strategies of the Salt Iodisation Programme in Sri Lanka." Presentations included recent survey report of the Medical Research Institute, Department of Healthcare and Nutrition, work related to iodised salt in food control unit of Ministry of Health, research on thyroid antibodies in school children and experiences of IDD elimination in others countries.

Objective of the Meeting:

To critically review the strategies and make recommendations to strengthen the salt iodisation programme so as to achieve the final goal of elimination of iodine deficiency disorders in Sri Lanka.

Participants:

A total of 80 participants from four sectors (Health, Academics, Salt Industry, Bilateral and International Agencies) attended the meeting. There were 51 participants from the Health Sector, 4 from the Salt Industry and 8 from the Bilateral and International Agencies. 17 participants were from the other sectors related to effective implementation of USI.

Proceedings of the meeting:

The meeting was addressed by Dr. Athula Kahandaliyanage, Director General of Health Services. Programme overview & Objectives were explained by Dr. C.K. Shanmugarajah, Director Environmental and Occupational Health. A Presentation by Dr. Renuka Jayatissa was made on the findings of Medical Research Institute (MRI) on "Iodine Nutrition in Sri Lanka, 2005." Dr. Jayatissa is a Consultant Nutritionist at MRI. The post tea session included a presentation by Dr. K. Premawardhana, Consultant Endocrinologist, Wales University – UK on Thyroid antibodies in school children and a presentation by Dr. Pandav (ICCIDD Regional Coordinator, South Asia) on Experiences of IDD Programme from other countries, namely Bhutan, India & Turkmenistan.

These presentations were later followed by Open Session and subsequently by Group Discussions. The deliberations of Group Discussions were presented to the Plenary Session for final approval by all the participants.

Dr. Shanmugarajah told that substantial progress has been achieved in Sri Lanka. However, he emphasized that one should not forget monitoring. "It can reemerge, as a public health problem in SriLanka therefore, sustained vigilance is needed in its elimination ". He reiterated the commitment of the Government of Sri Lanka to achieve Universal Salt Iodisation (USI) by 2001 and elimination of IDD by 2005 in response to the goals set at the World Summit for Children in 1990.

In her presentation Dr. Renuka told that Sri Lanka has eliminated IDD as a public health problem on a national scale. However, the prevalence of goiter still remains in the Western, Central and Uva provinces. There is also a problem of availability of adequately iodised salt at household level in Northern Province. Though Sri Lanka has attained adequate iodine nutrition status, it needs to continue to pay special attention to IDD in endemic areas to avoid re-emergence of IDD as a public health problem.

On the other hand a significant proportion of urine samples in North Central and Northern Provinces showed iodine contents that were high signaling the need for strengthening the quality assurance systems at different levels.

As IDD can re-emerge despite the present efforts and successes, Dr. Renuka made the following recommendations based on her study on "Iodine Nutrition in Sri Lanka, 2005"

I. To reinvigorate the inter-sectoral National Iodine Committee covering all the involved institutions.

II. To maintain the provision of technical and logistical capacities for the assessment of iodine in salt and urine at National Reference Laboratory so as to facilitate the sustainability.

III. To integrate indicators of IDD elimination into the national system of health information, in particular the household coverage of iodised salt.

IV. To ensure annual surveys.

V. To conduct nation wide IDD survey using the principle of Annual Cyclic Monitoring.

VI. To support operational research in the field of eliminating IDD.

VII. To inform Salt producers to verify the salt quality prior to purchase from salterns.

VIII. To register all the salt producers under the Ministry of Health for easy follow up.

In his presentation on "Thyroid Autoimmunity in Sri Lanka" Dr. K. Premawardhana stated that the majority of Thyroglobulin Antibody (TgAb) in post-iodination Sri Lanka are polyclonal and most likely non-pathological. TgAb prevalence falls with time and that a few subjects expressing oligoclonal TgAb have persistent TgAb activity and were TPOAb positive. He also said that the variability of salt iodine content is a cause for concern and recommended strong monitoring to ensure steady levels of iodine.

The Ministry invited Dr. Chandrakant S. Pandav, UNICEF-ICCIDD Consultant to attend the meeting and make a presentation on his experience with other countries with regard to salt iodisation programmes.

Dr. Pandav shared the experiences of India, Turkmenistan and Bhutan. He emphasized that while Turkmenistan & Bhutan have achieved the success, India is steadily progressing towards it. In India, the consumption of adequately iodised salt was about 50% in 1998 which had dropped to 37% in 2003 and has come up to 57% in 2005. The ban on sale of non iodised salt was lifted in 2000 and has now been reinstated w.e.f. 17 May, 2006. A persistent advocacy in this regard is being made by ICCIDD to the policy makers in India. In Turkmenistan, there is an impressive political commitment as evidenced by three Presidential Decrees in last 10 years. The recommendation is to build on this success to other micronutrients. The administrative infrastructure in Turkmenistan is effective and in place for on-going implementation and monitoring of sustainability of IDD elimination. Inviting Member of the Livestock as a Member of the Co-ordination committee should be considered. Turkmenistan should introduce Annual Cyclical Monitoring Protocol. There are five provinces in Turkmenistan. Select one province every year by rotation. The whole country will be covered in five years time.

In Bhutan a strong Departmental and Ministerial level commitment exists. Regular annual cyclic monitoring system with periodic internal evaluation exists in Bhutan.

He also reiterated that Sri Lanka has made commendable progress in elimination of IDD and has met the goals. Sri Lanka should now call for an external evaluation to declare IDD elimination.

MI-ICCIDD Initiative in Sri Lanka

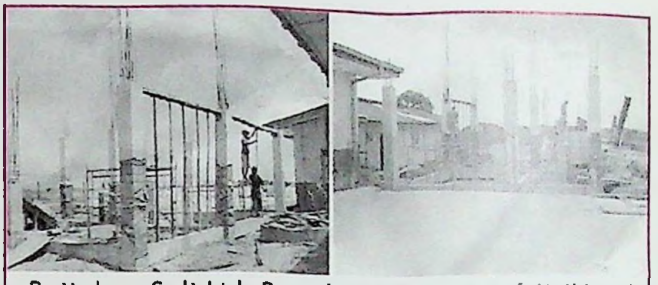
MI-ICCIDD addresses a major concern area in salt iodisation. Of the salt produced by the two major salt producers viz. Lanka Salt Ltd. and Puttalam Salt Ltd , only 30% is iodised in the factory according to legal health/trade standards. The balance bulk of 70% is iodised by the cottage industry, whose process is neither monitored nor controlled.

This leads to a mismatch in the quality of iodised salt. The objective of the MI-ICCIDD programme is to eliminate this shortcoming through enabling the two main salt producers to iodise the salt produced by cottage industry. This is through a donor grant by MI-ICCIDD for two new factories including salt washeries, crushers, centrifuges and iodisation plants.

This will ensure that all the salt leaving the two factories will fall within the legal parameters of USI.

The pictures depict the current status of civil constructions at Lanka Salt Ltd. and Puttalam salt Ltd. Machinery is in fabrication in India for installation and commissioning at both factories, presently scheduled for December, 2006/January, 2007.

Lanka Salt Ltd, Hambantota, Progress of Civil Work



Puttalam Salt Ltd, Puttalam, Progress of Civil Work

Status of Criteria for Monitoring IDD Progress in Sri Lanka		
Indicators	**Goals**	**Status**
Salt Iodisation Proportion of households using adequately iodised salt	>90%	91.2%
Urinary Iodine Proportion below 100 µg/l Proportion below 50 µg/l	<50% <20%	29.9% 7.5%
Programmatic Indicators Attainment of the indicators	At least 8 of 10	9

Status of Programmatic Indicators met in Sri Lanka

I. An effective functional national body (council or committee) responsible to government for the national program. It should be multidisciplinary with a chairman appointed by the Minister of Health
   - National Iodine Committee established under the Ministry of Healthcare and Nutrition

II. Evidence of political commitment to USI & elimination of IDD
   - Strong political commitment by H.E. The President of Sri Lanka and the Minister of Health to make proper iodisation standards and ensure that the iodisation programme is a success

III. Appointment of a responsible executive officer for IDD elimination program
   - Director, Environmental and Occupational Health appointed as a responsible focal point for IDD Elimination Programme by the Director General Health Services

IV. Legislation or regulations for USI, ideally covering both human & agricultural salt
   - In place since 1995. Only for human consumption

V. Commitment to assessment & reassessment of progress towards elimination with access to laboratories able to provide accurate data on salt & urinary iodine
   - Yes, in place.

VI. A program of public education & social mobilization on importance of IDD & consumption of iodized salt
   - Yes, in place through health education bureau, Ministry of Healthcare and Nutrition

VII. Regular data on salt iodine at the factory, retail & household levels

- Yes, by public health inspectors through quarterly returns

VIII. Regular laboratory data on UIE in school age children with appropriate sampling for higher risk areas

- Yes, with the cyclic monitoring data from MRI

IX. Cooperation from the salt industry in maintenance of quality control

- Yes, with having regular meeting with them

X. A database for recording of results of regular monitoring procedures particularly for salt iodine and UIE

- Yes, MRI maintains a data base for salt iodine and UIE

XI. If available neonatal TSH monitoring with mandatory public reporting

- Pilot study conducted and method was established at MRI. Not done on routine manner due to cost.

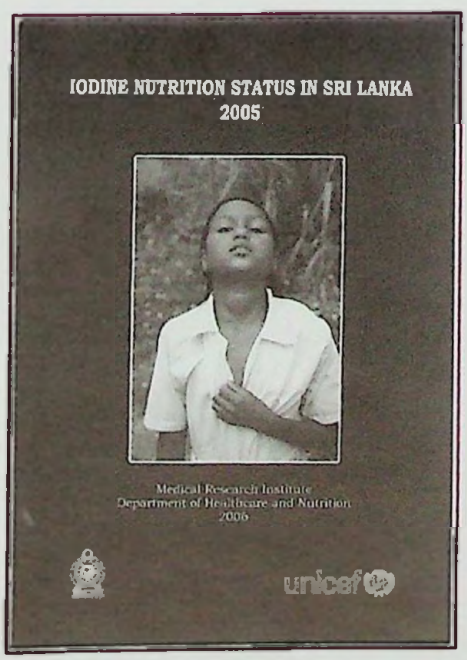
Executive Summary of the "Iodine Nutrition Status in Sri Lanka 2005" - A report

Iodine deficiency is the single most common cause of preventable mental retardation and brain damage in the world. It decreases child survival and impairs growth and development. Iodine deficiency was recognized as a public health problem in Sri Lanka following the 1986 national survey that documented total goiter prevalence of 18.2%. In 1995, the Government of Sri Lanka launched "Universal salt Iodisation" (USI) as the mainstay of iodine deficiency control. With strong private-public partnership and financial and technical support from external development partners, the Ministry of Healthcare and Nutrition intensified the USI. In continuation of the efforts to eliminate the iodine deficiency in Sri Lanka, national IDD survey was conducted to assess the status of iodine nutrition.

A cross sectional study of children from 60 primary schools in Sri Lanka was carried out. Thirty schools were randomly selected from districts that demonstrated urine iodine levels between 100-200 μg/L. Thirty children were randomly selected from each school for the study. Thyroid glands of children aged 6-9 years were measured by palpation and graded according to the WHO, UNICEF and the ICCIDD joint criteria. Iodine content of household salt samples was analysed. Casual urine samples were analysed for urinary iodine.

A total of 1900 children were studied. Adjusted prevalence of goiter (3.8%), was higher in girls than boys and ranged from 0.5% to 10.3% in the different provinces. Median urinary iodine concentration in 1,879 samples was 154.4 μg/L ranging from 6.1 to 1754.8 μg/L. The results of 1,594 salt samples also showed that 91.2% of households consume iodised salt. The frequency distribution of urinary iodine levels shows that 34.7% of the children had urine iodine levels in the 'adequate' range with 28.9% with lower values (< 100 μg/L) and 35.5% with higher values (> 200 μg/L). Only 0.1% of children had very low urinary iodine values of < 20 μg/L. This study results in comparison with the study carried out in year 2000 showed a reduction in the goiter rate from 20.1% to 3.8%; increased urinary iodine levels from 145.3 μg/L to 154.4 μg/L and increased household consumption of iodised salt from 49.5% to 91.2%.

With private-public partnership and financial and technical support from external development partners, Sri Lanka has achieved the goals of eliminating iodine deficiency as a public health problem. The challenge ahead is sustaining the gains and achievements made through the IDD elimination programme.



Acknowledgement

This is to acknowledge the following who have contributed to the preparation of this report:

1. Dr. Renuka Jayatissa, Medical Research Institute, Colombo, Sri Lanka
2. Ministry of Healthcare and Nutrition, Sri lanka
3. Mr. Mahinda Gunawardena, ICCIDD, Sri Lanka
4. Dr. Aberra Bekele, UNICEF, Sri Lanka

Of Stones and Health: Medical Geology in Sri Lanka
Excerpts from an article by Chandrasekara Dissanayake

Source:http://www.sciencemag.org/cgi/content/summary/309/5736/883, Science 5 August 2005: Vol. 309. no. 5736, pp. 883 - 885
DOI: 10.1126/science.1115174, Essays on Science and Society

Summary

Geoscientists are usually known for their studies of rocks and minerals and the distributions of these on Earth, but this group of scientists has been expanding its discipline into surprising new territory by linking geology with human and animal health. Known as medical geology, this emerging specialty is gaining momentum. Chandra Dissanayake, Professor of geology at the University of Peradeniya, Sri Lanka, outlines some of the major areas of medical geology in both his homeland and beyond, covering topics such as the link between naturally occurring fluoride in drinking water and a disfiguring tooth condition; global health risks due to iodine deficiency; the widespread practice of eating dirt; the potential for hard water to serve protective roles against cardiovascular disease; and the apparent paradox that people living in regions marked by high levels of natural radioactivity do not seem to suffer adverse health effects from their exposure. Because people must interact with their geological surroundings, discoveries made by medical geologists can have enormous consequences for the well-being of people all over the world.

Excerpts from the article

To most people, geology is a subject concerning rocks and minerals and their distributions on Earth. As an earth science, of course, geology also deals with physical processes of the Earth, such as mountain building, coastal and river dynamics, and desert formation. Few people know that geoscientists have expanded their discipline by linking human and animal health with geology. The fundamental basis for this expansion, which has spun into a specialty known as medical geology, is the unique interdependence of the different living and nonliving components that make up the Earth. The basic building blocks of the Earth--the rocks and minerals--must, therefore, have a bearing on the health of the human and animal populations that live on these earthy materials.

Once a little-known specialty among a few geologists around the world, medical geology is now recognized as a field unto itself. Established by the International Union of Geological Sciences in early 1990, the Commission on Geological Sciences for Environmental Planning (COGEOENVIRONMENT) has defined medical geology as "the science dealing with the influence of ordinary environmental factors on the geographical distribution of health problems in man and animals." It now has developed into a truly fascinating new science, with potentially enormous consequences for the well-being of people around the world.

We Are What We Eat and Drink

On our planet, the chemical elements flow through the different planetary compartments, including the atmosphere, hydrosphere, lithosphere, and biosphere. Humans and animals are part of these cycles. The chemical elements pass into and out of them, too, in a complex biogeochemical cycle. Obviously, then, the chemistry of any local geological environment must have a direct influence on the chemical make-up of those living there. This is most readily seen in places where humans live in particularly intimate contact with the local physical environment, as is the case with rural people living in tropical countries. Those living on lands with heavily impoverished soils, such as in Maputaland, South Africa, have such a low intake of essential elements that a very large percentage of the population suffers from a variety of diseases caused by severe mineral imbalances. Likewise, in other areas, there is an excess intake of elements due mainly to the abundance of certain elements in the environment. This leads to high incidences of mineral toxicity, such as the widespread and tragic arsenic poisoning in India and Bangladesh.

Even though many other factors--among them life-style, sex, age, migrations, and food habits--affect health, imbalances in the supply of inorganic elements exert marked influences on both human and animal health. Anomalies in the local abundances of trace elements, for example, have a large impact on food chains. As it was more than 500 years ago, it remains relevant to bear in mind the basic law of toxicity as defined by Paracelsus (1493-1541), the father of pharmacology: "All substances are poisons; there is none which is not a poison. The right dosage differentiates a poison and a remedy." Even water, when consumed too quickly and in inordinate amounts, can be lethal.

One of the primary objectives of medical geologists, therefore, is to determine the optimal exposures for people to the essential elements in order to maintain or improve health. Diseases such as hyperkalemia (due to excess potassium), hypercalcemia (due to excess calcium), and hyperphosphatemia (due to excess phosphorus) exist in various parts of the world even though potassium, calcium, and phosphorus are essential dietary elements.

I have studied a number of specific cases that illustrate how optimal amounts of trace elements are needed to maintain good health and how an imbalance in these elements can lead to disease.

The "Geochemical Disease": Iodine Deficiency

It has been estimated that nearly 30% of the world's population is at risk for some form of iodine deficiency disorder (IDD). Insufficient intake of iodine is the world's most common cause of mental retardation and brain damage with 1.6 billion people at risk, 50 million children already affected, and 100,000 more adding to their ranks every year.

IDDs are particularly severe in tropical regions. The resulting large populations of people with impaired mental function have serious direct and indirect impacts on all aspects of life in these places.

The geochemistry of iodine and its chemical species has a marked influence on the prevalence of IDDs, including endemic goiter (see last figure). Collectively, these IDDs are often referred to as "geochemical diseases" in view of their etiology in the geological environment. The sea is a major source of iodine, so there often is a relationship between the incidence of IDDs in a region and that region's distance from the sea. In general, the farther away from the sea, the less iodine is available. Other factors such as atmospheric circulation, however, may play a role in iodine availability, as does topography. In many mountainous regions, for example, iodine abundance is quite low, with a concomitant increase in Iodine Deficiency Disorders.

Humic substances rich in organic matter in the environment also are known to play a major role in the speciation and geochemical mobility of chemical elements such as iodine. The in-ground conversion of chemical species into toxic or nontoxic forms has important implications for the health of individuals living in a particular geochemical habitat. Iodine is strongly fixed by humus, and soils rich in humus therefore tend to be rich in iodine. However, the bioavailability of that iodine, which depends on the pH conditions, often is very low. Because iodine is strongly fixed by clay and humus, these materials may function as "geochemical goitrogens," particularly in the tropical environment. Interestingly, in the Kalutara district--an area close to the sea on the west coast of Sri Lanka (and therefore only minimally affected by last December's tsunami)--the endemic goiter rate is high despite the proximity to the sea. This clearly supports the hypothesis that the environment contains goitrogens, which trap the iodine and make it far less available to the people living in the area.

- Reproduced with permission from Chandrasekara Dissanayake. The author is at the University of Peradeniya, Peradeniya, 20400 Sri Lanka. E-mail: cbdissa@hotmail.com

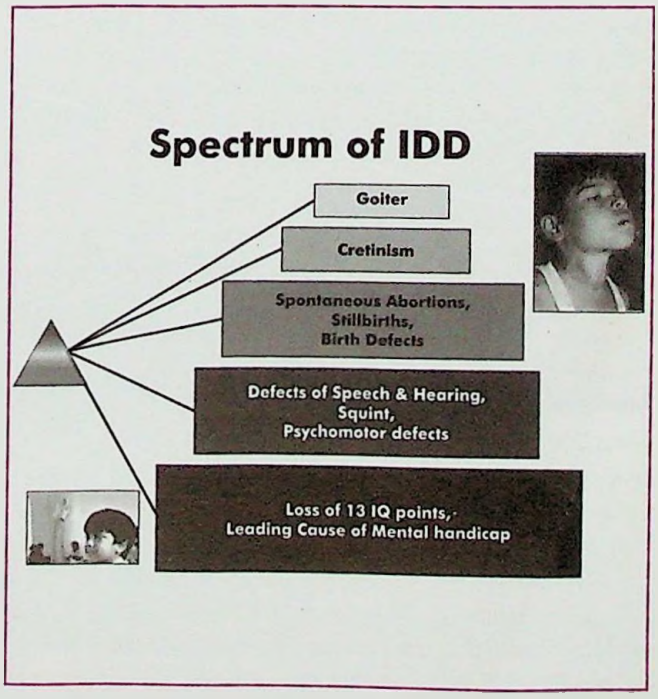
- The Editorial Board would like to thank Mr. Dick Hanneman, President of Salt Institute, Virginia, U.S.A and ICCIDD Board Member for drawing our attention to this article.

Sri Lanka - Fact File

1.	Total Population	:	20,743,000
2.	GDP per capita (Intl $, 2004)	:	3,800
3.	Life expectancy at birth years		
	M/F	:	68.0/75.0
4.	Healthy life expectancy at		
	Birth M/F (years, 2002)	:	59.2/64.0
5.	Child mortality		
	M/F (per 1000)	:	16/12
6.	Total health expenditure		
	Per capita (Intl $, 2003)	:	121
7.	Total health expenditure		
	As % of GDP (2003)	:	3.5

Figures are for 2004 unless indicated.

Source: The World Health Report 2006



59th Session of the Regional Committee, WHO-SEA Region
Dhaka, 22-25 August, 2006: A Report

The Fifty-ninth session of the WHO Regional Committee (RC) for WHO-SEA Region was held in Dhaka, Bangladesh, from 22-25 August 2006. It was attended by representatives of all the eleven Member States of the Region, UN and other agencies, nongovernmental organizations having official relations with WHO, as well as observers. A total number of 73 participants and observers attended the meet. ICCIDD was represented by Dr. Chandrakant S. Pandav, Regional Coordinator (South Asia) who made a statement at the meet.

A joint inauguration of the RC and the Twenty-fourth meeting of the Ministers of Health was held on 20th August 2006. H.E Begum Khaleda Zia, Prime Minister of the People's Republic of Bangladesh, delivered the inaugural address.

The committee elected H.E. Dr. Khandakar Mosharraf Hossain, Minister of Health & Family Welfare, People's Republic of Bangladesh, as Chairman, and H.E. Lyonpo (Dr) Jigmy Singay, Minister of Health, Royal Government of Bhutan, as Vice-Chairman of the session.

The committee reviewed the report of the Regional Director covering the period 1 July 2005 to 30 June 2006. The draft report of the Fifty-ninth session of the WHO-regional committee for South-East Asia is available with WHO-SEA Regional office in Delhi.

The committee decided to hold its Sixtieth session in Bhutan in 2007. Recognising the importance of promoting nutrition and food safety in countries of the South-East Asia Region, the committee decided to hold technical discussions on "Nutrition and Food Safety" prior to the sixtieth session.

Inaugurating the session H.E Begum Khaleda Zia, called for stronger and more enduring cooperation among member countries of the region to ensure greater equity in delivery of healthcare. She urged delegates to introduce innovative financing methods to make health care affordable and within reach of all households.

In his address Dr. Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, singled out the spread of avian influenza throughout the world as the most daunting health challenge. He also emphasized the importance of addressing the Millenium Development Goals towards achieving poverty reduction. He emphasized that placing health services at the grassroots level would ensure that the health benefits reached the poor, the marginalised and the underprivileged.

In his welcome address, H.E. Dr. Khandakar Mosharraf Hossain committed on behalf of the health ministers, to advance regional cooperation in health, and to take steps to ensure that the health related MDG's can be achieved by 2015.

The following people represented the UN and Specialised agencies who made a statement at the meet:

I. Ms. Harriet Torlessse (UNICEF)

II. Mr. Qaiser Khan (World Bank)

III. Dr. Anders Nordstrom, Acting Director-General

The following representatives of the nongevernmental organizations made a statement at the 59th RC:

I. Dr. C.S. Pandav, Regional Coordinator, ICCIDD-South Asia

II. Prof. Rabiul Hussain, International Agency for Prevention of Blindness (IABP)

III. Dr. Enamul Kabir, Sight Savers International, Royal Commonwealth Society for Blind

IV. Mr. Alain Aumonier, International Federation of Pharmaceutical Manufacturers and Associations-(IFPMA)

V. Dr. Bindeshwar Pathak, Sulabh International Social Service Organisation

VI. Mr. Ajeet Bhardwaj, World Council of Optometry

Prime Minister of Bangladesh, Begum Khaleda Zia delivering the inaugural address at the joint inaugural ceremony of the 24th session of South East Asian Region (SEAR) Health Ministers and 59th session of WHO Regional Committee meeting for Southeast Asia at Hotel Sheraton, Dhaka

Dr. Y. Oketani from Office International des Epizooties represented the Inter-governmental Organisation who made a statement at the RC.

Dr. Pandav in his statement appreciated WHO's support in the formation of ICCIDD in 1985. He informed the committee on the councils focus on activities aimed at sustainable elimination of iodine deficiency disorders, as well as its role in policy formulation through interaction with the concerned policy-makers. Highlighting the significant implications of iodine deficiency, Dr. Pandav shared with the committee ICCIDD's success story pertaining to a country of the region and also offered council's specific assistance and collaboration to other countries in strengthening the advocacy aimed at reducing IDD.

Medium-Term Strategic Plan (MTSP) 2008-2013

Various specific issues in the MTSP document were brought to the attention of the committee. It was stated that inputs from Member countries would make the document more comprehensive. The suggestions of all countries would be formally conveyed to the Headquarters by the SEARO Secretariat for preparation of the final draft which would be submitted to the 120th session of the Executive Board in January 2007 prior to its submission to the 60th World Health Assembly. The assembly would review it and accord final approval along with the 2008-2009 Programme Budget.

Participant Countries:

I. Bangladesh
II. Bhutan
III. DPR Korea
IV. India
V. Indonesia
VI. Maldives
VII. Myanmar
VIII. Nepal
IX. Srilanka
X. Thailand
XI. Timor-Leste

Participants from Embassies, UN & Other Specialised Agencies:

I. Embassy of Japan
II. United Nations Children's Fund (Regional Office of South Asia)
III. United Nations Educational, Scientific & Cultural Organisation
IV. United Nations Population Fund

Participants from International Organisations:

I. International Center for Diarrhoeal Disease Research

Paricipants from Inter-Governmental Organisations:

I. International Organisation for Migration
II. Office international des Epizooties

Paricipants from International Non-Governmental Organisations:

I. International Agency for Prevention of Blindness
II. International Council for Control of Iodine Deficiency Disorders
III. International Federation of Gynaecology and Obstetrics
IV. International Federation of Pharmaceutical Manufacturers Association
V. International Pharmaceutical Federation
VI. International Planned Parenthood Federation
VII. Population Council
VIII. Orbis International
IX. Sight Savers International
X. World Council of Optometry

Observers:

I. South-East Asian Region Medical Education (SEARME)
II. Sulabh International Social Service Organisation
III. WHO Country Office, Indonesia

Brief Report of Meetings with Country Delegates:

I. **Bangladesh:**

Dr. Pandav met H.E. Dr. Khandaker Mosharraf Hossain, Minister of Health & Family Welfare, People's Republic of Bangladesh and Mr. A.K.M. Zafar Ullah Khan, Secretary, Ministry of Health & Family Welfare and congratulated them for keeping the Sustainable Elimination of IDD programme in Bangladesh on track. The minister informed Dr. Pandav of the establishment of refineries in Bangladesh. Dr. Pandav offered him the possible technical inputs from the ICCIDD for subsequent iodisation in these units.

II. **Bhutan:**

Dr. Pandav met H.E. Lynpo (Dr) Jigmi Singay, Minister, Ministry of Health, Bhutan and Secretary Health, Mr. Wangchuk Dukpa and congratulated them on achieving USI and elimination of IDD. Dr. Pandav urged them to maintain constant vigilance and continue the annual cyclical monitoring which will help to sustain the success achieved in eliminating IDD in Bhutan.

III. **India:**

Dr. Pandav met Mr. P.K. Hota, Secretary Health and the Joint Secretary Mr. Bhanu Pratap Sharma. Mr. Hota told Dr. Pandav that the First meeting of the National Coalition for Sustained Iodine Intake would soon take place. He reiterated his commitment for strengthening the IEC for IDD elimination.

IV. **Maldives:**

Dr. Pandav met H.E. Dr. Abdul Azeez Yoosuf, Deputy Minister of Health, Maldives and appraised him of the IDD situation there. Dr. Pandav told the Minister that since Maldives imports all its salt from India & Srilanka, it is eminently possible to monitor the iodine content of the salt. It is necessary to introduce legislation. Dr. Pandav

urged the Hon'ble Minister to organize a meeting with the traders so that they only import adequately iodised salt. The minister was concerned about the price difference between common salt and iodised salt. Dr. Pandav offered him the services of Dr. J. Jeyaranjan who is a micro-economist based in Chennai in India to formulate the strategies related to pricing and quality of iodised salt since most of the salt imported from India is from Tuticorin. Dr. Pandav also told the Minister that there was an issue with curing of tuna fish with iodised salt (changes colour of tuna fish). However this has been resolved. Use of iodised salt for curing does not bring about discolouration in fish.

V. **Nepal:**

Dr. Pandav offered all possible help from ICCIDD to Nepal when he met its representative, Dr. Nirakar Man Shreshtha, Chief Specialist, Policy Planning International Cooperation Division, Ministry of Health & Population, Nepal.

VI. **Sri Lanka:**

Dr. Pandav met the Sri Lankan High Commissioner in Bangladesh, H.E. Mr. V. Krishnamoorthy and the Director General of Health Services (DGHS), Dr. H.A.P. Kahandaliyanage. Dr. Pandav informed the Hon'ble High Commissioner about the forthcoming"Consultative Meeting to Review & Develop New Strategies of Salt Iodisation Programme in Sri Lanka" to be held at Colombo on 5th September 2006, to which he has been invited to make a presentation on experiences with other countries. Dr. Pandav informed him that his presentation would deal with the experiences from Turkmenistan, Bhutan and India.

VII. **Ms. Harriot Torlesse:**

Dr. Pandav met Ms. Harriot Torlesse of the United Nations Children's Fund (Regional Office for South Asia). She had some queries with regard to salt sample titration reading of 5 or less, clarification on concept related to iodine deficiency and urinary iodine and the IEC materials that WHO & ICCIDD had prepared. Dr. Pandav clarified:

i. Salt samples with titration reading of 5 or less need to be treated as "0" or Nil iodine.

ii. Refer to the editorial on, "Iodine Nutrition-More is Better", which has appeared in the New England Journal of Medicine, No. 26, Vol. 354:2819-2821; June 29, 2006. The editorial clarifies the concept related to iodine deficiency and urinary iodine. To quote, "The standard measure of iodine nutrition in a community or country is the median urinary iodine excretion, expressed in micrograms per liter. The values correspond to 70 to 80 percent of the daily iodine intake, which often varies widely among people in the same community or country."

iii. The IEC material that had been prepared by WHO & ICCIDD would be sent through UNICEF, India office. Dr. Pandav also offered Ms. Harriot 200 copies of ICCIDD's International Newsletter and Regional IDD Newsletter for onward distribution to concerned people in Bangladesh and all the possible technical assistance for IDD activities.

Statement of Dr. Chandrakant S. Pandav, Regional Coordinator, International Council for Control of Iodine Deficiency Disorders (ICCIDD), South Asia

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 59th Regional Committee for South-East Asia that is being held at Dhaka, Bangladesh.

The 21st ICCIDD Board Meeting was held in New Delhi, India on 20-21 April 2006 and one of the important outcomes was the formation of National Coalition for Sustained Iodine Intake (NCSII) in India.

ICCIDD has been a regular participant in the Annual World Health Assembly, since 1994.

ICCIDD is the only organization, which focuses exclusively on the sustainable elimination of iodine deficiency and is able to provide a wide array of expertise including medical, nutritional, salt industry and technical aspects related to IDD.

The ICCIDD has also played pivotal role in policy formulation by regular interactions and has given inputs to the elected representatives, parliamentarians and policy makers.

Iodine deficiency, as we all know, is the single most important cause of preventable brain damage in the world today. Around the time of the World Summit for Children (1990), 20% of households had access to iodine by using iodised salt. By the end of 2000, almost 70% of households had access to iodine by using iodised salt, thus preventing more than 80 million newborns in the world annually from consequences of iodine deficiency. This is not the time to rest. The effort should be more vigorous now to reach the remaining 30% and then sustain the success.

My statement will briefly cover the following seven aspects on IDD focusing on the SEA Region:

I. Advocacy of IDD

II. Monitoring

III. Tracking Progress

IV. Success story of Bhutan

V. Status of other countries

VI. Reporting to RC (SEARO) and WHA by the Member Countries

VII. Areas where ICCIDD can be of specific assistance to the Regional and Member Countries

I. Advocacy of IDD

The problem of IDD is still largely perceived as equivalent to "Goiter". People consider it a cosmetic problem and hence a low priority issue. Focus should be more on the implications that iodine deficiency has on the intelligence Quotient (IQ) of the child. It is the quality of the human resources development that should be the focus. Therefore, there is a need to strengthen the advocacy and make the people & policy makers aware of the serious impact of iodine deficiency to the people. The focus of research should now be on to produce evidence on the quality of advocacy.

Rather than having a single sector dealing with the issue, it will be more pertinent to have a multisectorial approach where in all the concerned agencies collaborate and contribute towards an effective, efficient and sustained programme. Involvement of health, education, industry & mines (dealing with salt & iodised salt) animal husbandry and Public Distribution System (PDS) should bring tangible results. Since IDD affects quality of human resource development, these points should now feature in international forums like SAARC, ASEAN & ESCAP, as well.

II. Monitoring

Achieving success is one part of the goal. Regular monitoring should begin with focus on process of availability and accessibility of adequately iodised salt at household level. Information, thus collected, should be linked with corrective decision making process. Monitoring is the backbone which would track the success of the programme regularly

III. Tracking Progress

The review of the National programmes must be performed with more regularity than now is the case by analyzing both primary and secondary data. It is relatively easier to have a review of the already available data. It can be taken up as a first step. Subsequently primary review of the programmes can be undertaken.

IV. Success Story of Bhutan

Bhutan is a success story. The challenge is to sustain the success. Bhutan should be provided a platform to share the success with other countries, not only in IDD and Nutrition fora but also in other fora where programme success story of health, nutrition or developement programmes are being discussed.

V. Status of other Countries

There are two more countries that are doing well in terms of IDD elimination. They are Srilanka & Myanmar. They are close to success in 2007. We hope to receive a request from them for an independent assessment.

Countries that need attention are Maldives, Korea and Timor-Leste. Maldives imports all its salt. Most of it is from India & Sri Lanka. It is necessary to introduce legislation. There was an issue with curing of tuna fish with iodised salt (changes colour of tuna fish). This has been resolved. Regarding DPR Korea, UNICEF China and ICCIDD has an access to information. We are in touch with ICCIDD colleague in China. Timor-Leste is going through difficult times which is affecting IDD programmes.

Besides these countries, continued advocacy is also required for Nepal, Bangladesh, Indonesia, Thailand & India.

VI. Reporting to the Regional Committee (RC) - SEARO and World Health Assembly (WHA)

IDD should be viewed as a health problem in the context of human resource development. The member states should initiate the process for information collection and sharing related to IDD so as to enable reporting to the Regional Committee in 2007 and the Sixtieth World Health Assembly in 2008 and every three years thereafter.

VII. Areas where ICCIDD can be of specific assistance to the Regional & Member Countries

i. Strengthening the advocacy on IDD
ii. Giving technical inputs to the focal points
iii. Development of reporting format for member countries to report to RC (SEARO) and WHA
iv. Participation in Tracking Progress missions

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.

We know the answer to "What needs to be done?" We must now accelerate and share our efforts to find the answer to, "How is it to be done?" ICCIDD is committed to be a partner in terms of moving ahead with, "How it is to be done?"

Delegates at the 59th WHO-SEA Regional Committe Meeting, Dhaka, Bangladesh, 2005

Spreading Awareness on IDD
Bharat Scouts & Guides, Godpuri, Ballabhgarh, 23 August,2006

ICCIDD staunchly promotes collaborations and partnerships in all its programmes with measurable level of succes. One such is the partnesrship programme with Bharat Scouts & Guides (BSG), the largest non-governmental organisation with global presence.

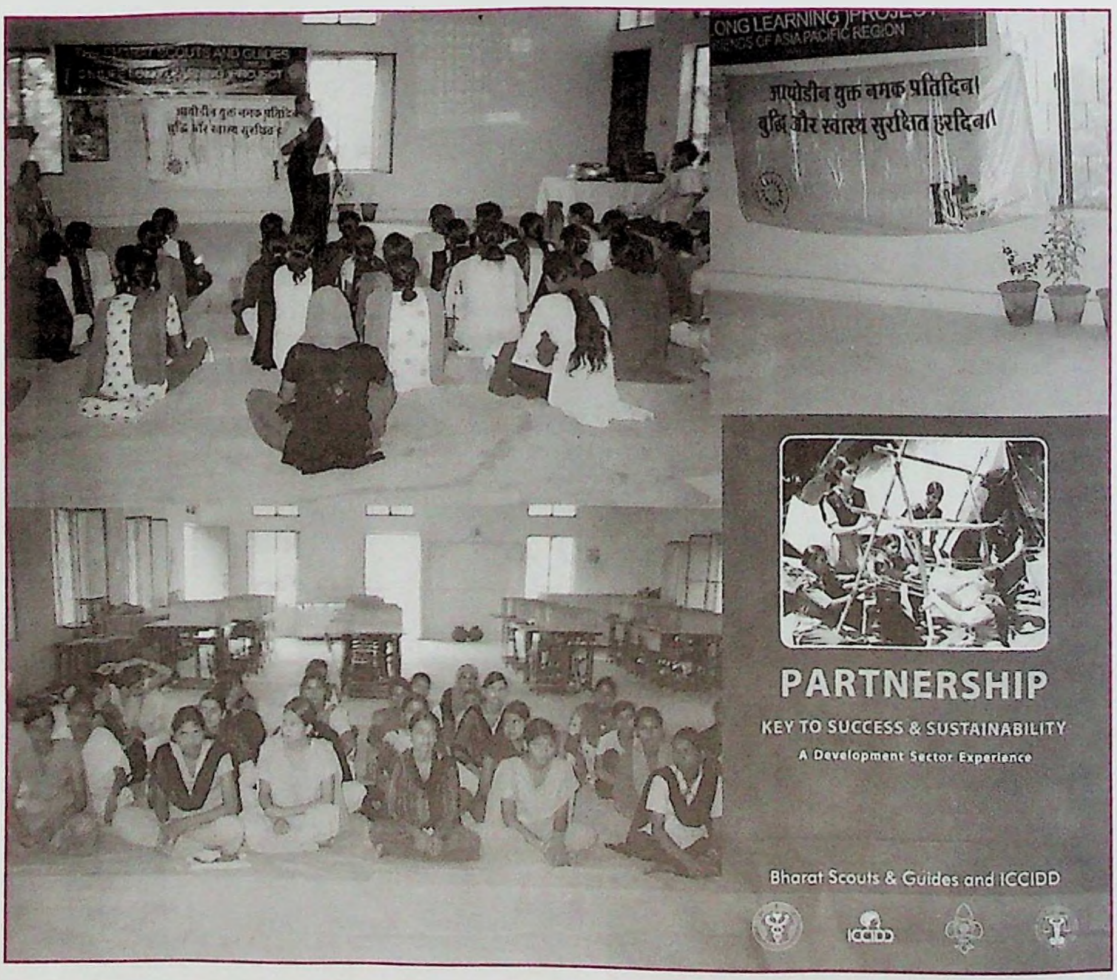
The partnership programme with BSG & ICCIDD dates back to 1997. This is a quotable example of "Partnership: Key" to Success. ICCIDD & BSG together have been associated with the spreading of awareness for prevention of Iodine Deficiency Disorders.

An awareness programme was organised by BSG at Godpuri village in the State of Haryana. The village is about 30 kilometers from Ballabhgarh. Ms. Geeta Rawat, the coordinator for the Godpuri Unit of BSG requested ICCIDD for IDD awareness camp at her center. BSG has a "3 L" (Life Long Learning) project running in Godpuri. The women from the village are given training by a lady instructor on tailoring, stitching, painting, embossed painting. The women come to the camp at 10 AM and leave by 4 PM. Refreshments are provided to them by BSG.

In these camps BSG also arranges for health education to these women on various topics. One such camp was organised on 23 August 2006 wherein ICCIDD contributed by educating women on IDD and the benefits of consumption of iodised salt. The ICCIDD team from Delhi was represented by Ms. Saroja Narayanan, Project Coordinator, Mr. Amit Shukla, National Coordinator, Mr. Pritam Singh Tanwar and Mr. Rajesh Lal. On this occasion the IDD film "Trishna" was also shown to the audience. Posters on IDD were also displayed.

The event was well received by the audience. Booklets containing 20 questions on IDD were distributed. The testing of salt for the presence of iodine by salt testing kit was demonstrated. Each of the women were given a salt testing kit to help them test the salt at home and spread the awareness.

In the end both the organisations thanked each other for their contribution made towards the noble cause - that of ensuring optimum mental and physical development of children.



Growth, Development and Behavioral Paediatrics
5th National Conference of IAP Chapter, 9-10 September, 2006

The 5th National conference of IAP chapter focused on the Growth, Development and Behavioral Paediatrics. It was organized by Lady Hardinge Medical College, New Delhi at the National Science Academy, Bahadurshah Zafar marg, New Delhi from 9-10 September, 2006. Experts came from all over India and spoke on various issues related to child's growth & development.

The first session was chaired by Dr. Ksh Chourjit Singh & Dr. Jagdish Chandra. The session dealt with "what is essential for child's brain & bone growth". The first presentation was made by Dr. Arijit Chakrabarty, ICCIDD on behalf of Dr. Chandrakant S. Pandav on "Iodine & Brain Development". Dr. K.N. Agarwal spoke on "Iron & Brain development".

The next session was on Child Growth and was chaired by Dr. Arakhita Swain & Dr. M.M.A. Faridi. Speakers were Dr. B.D. Bhatia, Dr. Dilip Mukherjee and Dr. Anju Virmani who spoke on Intra-uterine growth, Growth monitoring and bone age. These sessions were followed by panel discussions.

The post lunch session commenced with Management of short child which was chaired by Dr. S.A. Krishna and Dr. Anju Virmani. Presentations were made by Dr. V.V. Khadilkar, Dr. Sangeeta Yadav, Dr. Meena Desai on diagnostic approach to a short child, Growth Hormone Deficiency Disorders and GH therapy. Case snippets related to short stature were presented by Dr. Archna Dayal.

The next session was on Pubertal Growth which was chaired by Dr. Meena Desai and Dr. Ashraf Malik. Speakers were Dr. Nalini Shah, Dr. Anju Seth, Dr. Krishna Biswas.

Making his presentation on this occasion, Dr. Arijit Chakrabarty of ICCIDD said that thyroxine is essential for brain growth during the 3rd week of intrauterine life to the 3rd year of post natal life. Iodine is thus essential to be provided in adequate quantity to the growing foetus and the growing child for optimal brain development. Iodine deficiency besides causing goiter can result in other forms of iodine deficiency disorders which includes reduction of 13 IQ points.

The main IAP conference is scheduled to be held in January, 07 at Mumbai. The Journal of Growth, Development & Behavioral Paediatrics would be released on that occasion. A detailed report of the conference is awaited and shall be carried in the subsequent issues of the newsletter.

The history of man for nine months preceding his birth would probably be far more interesting and contains events of greater moment than all three score and ten years that follow it.

-Samuel Taylor Coleridge

(1772 - 1834)

Awareness Workshop for Salt Producers of Andhra Pradesh
12th September 2006, Visakhapatnam - A Report

Advocacy and Dissemination workshop was held on 12th September, 2006 at Vishakapatnam for salt producers of Andhra Pradesh (AP) and Orissa. The workshop was organised by the Salt Commissioners office, Government of India.

There was a very good response to the above workshop. More than 100 Salt manufactures, iodised salt producers and traders of Andhra Pradesh and Orissa, attended the function.

The following dignitaries were present:

I. Mr. N. Raghuveera Reddy, Hon'ble Minister for Civil Supplies, Govt. of Andhra Pradesh
II. Mr. Konatala Ramakrishna, Hon'ble Minister for Commercial Taxes, Govt. of Andhra Pradesh
III. Mr. Naresh Chaturvedi, Addl. Secretary, Ministry of Industry, Govt. of India (GOI)
IV. Dr. B.K. Tiwari, Advisor (Nutrition), Ministry of Health, GOI
V. Dr. R.C. Jamtani, Advisor (Industries) Planning Commission, GOI
VI. Mr. K. Ramakrishna, Member of Legislative assembley (MLA), AP
VII. Mr. D.Srinivasa Rao, MLA, Andhra Pradesh
VIII. Mr. Bhanwar Lal, Commissioner for Civil Supplies, Govt. of Andhra Pradesh
IX. Mr. S. Sundaresan, Salt Commissioner, Government of India
X. Dr. Sucharita Murty, Director, Institute of Preventive Medicine, Govt. of Andhra Pradesh
XI. Ms. Anuradha, Director of Women and Child Welfare, Government of Andhra Pradesh

Inaugurating the workshop, Mr. N. Raghuveera Reddy, Hon'ble Minister for Civil supplies, Government of Andhra Pradesh, highlighted the ailments (like abortions, mental retardation, deaf mutism, goitre, etc.) caused due to deficiency of iodine in the body. He said that organisations like WHO, UNICEF and ICCIDD are already making pioneering efforts to eliminate IDD. He added that, taking into consideration the compulsory usage of iodised salt for human consumption, Andhra Pradesh is the first state in the country to form a Coalition Committee for ensuring 100% use of iodised salt for edible purposes. He said that the Hon'ble Chief Minister, being a doctor, knows the importance of iodine for Public Health. He assured the manufacturers of iodised salt all help from the State Government and scotched all rumours that the ban notification of the Government of India is indirectly aimed to help the corporate giants to market their product. He admitted that any new programme will face problems. He called for a positive approach and added he will not hesitate to convene a meeting at Hyderabad with the iodised salt producers and officials to sort out any small issues. He informed that the State Government has made arrangements for supply of refined, iodised salt @ Rs. 4/- per kg through the 42,000 Fair Price Shops across the State to the Below Poverty Line (BPL) category of the population.

Mr. Konatala Ramakrishna, in his Presidential address, informed the gathering that he was himself a salt manufacturer and was aware of the difficulties of the small scale sector. He said that the Hon'ble Chief Minister of Andhra Pradesh readily agreed to his recommendation to totally exclude iodised salt (branded/non-branded) from imposition of 4% tax (VAT). He assured full cooperation from his department. He said that salt iodisation is not a big issue, rather, we are neglecting it. He asked all the iodised salt manufacturers to fix a target of 1 year, within which all the problems should be sorted out. He asked the officers concerned to prepare an Action Plan and implement it. He cautioned that any defaulters among the iodised salt producers who do not cooperate with the Government, will be punished and action will be taken against them.

Earlier, welcoming the gathering, Dr. M.A. Ansari, Deputy Salt Commissioner said that this is the fourth in the series of workshops conducted by the Salt Department. The earlier ones were in Rajasthan, Gujarat and Tamil Nadu. In his Felicitation address, Mr. S. Sundaresan, Salt Commissioner, GOI said that this workshop assumes significance because of the notification of the Government of India making use of iodised salt compulsory for human consumption, effective from 17th May, 2006. Tracing the history of the salt industry in post-independent India, he said that we have come a long way and now export about 30 Lakh tonnes of salt to 36 countries. As against the demand of 7 Lakh tonnes of salt in Andhra Pradesh, both for edible and industrial purposes, he said that the production is hardly 3 lakh tonnes and hence Andhra Pradesh gets salt from Tamil Nadu and Gujarat. He appealed to the Hon'ble Ministers of the State Government present at the meeting, to consider exemption of salt manufacturers from the NALA tax collected prior to 2000. He informed that no other State Government is levying this burden on the salt manufacturers. He exhorted the iodised salt producers to increase their production and said that out of 15,000 tonnes of iodised salt produced in AP 3,500 tonnes are sent to Orissa and only 2000 tonnes of iodised salt is consumed in the State. He asked the iodised salt producers to make use of the attractive price offered by the Civil Supplies Corporation and give a note of caution that the Salt Department may even go to the extent of imposing a condition in the lease deed that 25% of their production should be compulsorily iodised. He informed that the Salt Department will soon set up Model Salt Farms in Naupada, Chinnaganjam, districts of Orissa at a cost of Rs. 350,000 to educate the small scale salt manufacturers on the procedures to be adopted in the field to produce good, quality salt. He listed out various measures that the Salt department is implementing for upliftment of labour welfare, with the cooperation of the AP State Housing Corporation.

In his speech and presentation, Dr. B.K. Tiwari, Advisor, (Nutrition), Ministry of Health, Government of India, emphasised the importance of iodine, which is one of the four micronutrients, essential for the human body. He said that only 150 micrograms of iodine is required by the human body daily, which means just a teaspoon for the entire life but this is not a one-time consumption for life-time. He also said that 130 countries of the World are implementing the salt iodisation program.

Mr. Bhanwar Lal, Commissioner of Civil Supplies, requested the iodised salt producers not to move non-iodised salt to Orissa under the garb of iodised salt. He appealed to them to help achieve Universal Salt Iodisation. He traced the efforts of the Civil Supplies Corporation in the past 2 years to make available iodised salt in all the fair price shops across the state and assured that all assistance will be given to the iodised salt producers for marketing their product. He thanked ICCIDD/MI for repairing 16 salt iodisation plants and also for distributing Potassium iodate to the small salt manufacturers.

Mr. Naresh Chaturvedi, Addl. Secretary, Ministry of Industry, asked the iodised salt producers to keep in mind the quality aspect and emphasised the need for concerted efforts from all stakeholders in this program.

Intervening before the speech of Hon'ble Minister for Commercial taxes, Mr. V. Nageswara Rao, one of the iodised salt producers, representing the unorganised sector from Naupada, complained that the Government was trying to encourage big corporates by making use of iodised salt compulsory. He made a scathing attack on the Salt Department for not supplying enough Potassium Iodate a few years back at Naupada. He requested the State Government to extend the concessions given for agricultural farmers in supply of electrical power, to the iodised salt producers also. He said that they were prepared to supply, common salt at Rs. 2/- per kg to the Government and asked the State Government to take it and iodise it. He requested for sufficient machinery and sufficient iodine, for iodising salt.

Technical Sessions

The 1st Technical session (in the post–lunch period) was chaired by Dr.B.K. Tiwari and consisted of Dr. Ranganathan of National Institute of Nutrition, Hyderabad, Dr. Lakshmi Bhavani of UNICEF, Hyderabad, Dr. B. Sowbhagya Lakshmi, Dy. Director, Institute of Preventive Medicine, Hyderabad, Dr. Dileep Kumar, Department of Endocrinology of Andhra Medical College, Visakhapatnam. Each of the above speakers made their presentation, extolling the importance of iodine for the human body.

Dr. B. Sowbhagya Lakshmi, Dy. Director, Women & Child Welfare in her presentation, gave details of the survey conducted by them in 3 North Coastal AP Districts of Srikakulam, Vizianagaram and Visakhapatnam. She indicated that even the women in the girijan/trible areas are aware of the importance of iodised salt and that in the plains, 60% of the samples indicated no iodine, in the fringe areas 56% and in the tribal areas 52%.

Dr. Ranganathan of NIN, Hyderabad made a presentation about the low-cost technology for iodised salt developed by them.

Dr. Laxmi Bhavani of UNICEF, Hyderabd, gave a spirited appeal to the iodised salt producers that they should not have any second thoughts on this issue and informed that the results of a recent survey conducted by them showed that only 37.7% of the population use iodised salt while 62.3% are not using it. She said that District Task forces will be set up soon to monitor the use of iodised salt.

Dr. Saraswati Bulusu of The Micronutrient Initiative India, New Delhi, explained the role of MI in India in collaboration with ICCIDD and in particular in Andhra Pradesh and said 16 plants have been repaired so far and 1050 kg of Potassium Iodate has been issued.

Mr. Amalin Patnaik of UNICEF, Orissa, strongly advocated for stoppage of the present illegal movement of non-iodised salt from northern borders of Andhra Pradesh to Orissa for edible purposes.

Mr. D. Venkateswara Rao, President of Andhra Pradesh State Salt Manufacturers Association, (based at Naupada) told the gathering that, a series of meetings held on the iodisation program changed the mindset of the salt producers. He said that the Civil Supplies Corporation earlier agreed to take crystal iodised salt for distribution through PDS but now are insisting on refined, powder salt. He requested for exemption from NALA tax from the year 2000 for the salt lands.

Mr. Viswanatha Babu, Member, Central Advisory Board for Salt and Iodised Salt producer from Chinnaganjam, requested the Civil Supplies Corporation to completely purchase 1 Lakh tonnes of iodised salt from Chinnaganjam and felt disappointed that the Civil Supplies Corporation has placed orders only for 4 loads of iodised salt (i.e. 40 tonnes) for the entire District and between March to September 2006, only one consignment has moved.

Mr. Bhanwar Lal clarified that the procurement policy of the Civil Supplies Corporation is very clear and asked the iodised salt producers to adhere to the quality specifications under PFA Act. He said that the Civil Supplies Corporation would very much wish to purchase iodised salt from the local producers, avoiding the huge transport cost for bringing iodised salt from Gujarat and effect a saving to the Government.

The Joint collectors of Srikakulam and Vizianagaram districts explained that they are prepared to procure iodised salt and supply to 1800 fair price shops and 3500 schools. They asked the iodised salt producers to supply good quality iodised salt.

Mr. A.K. Sharma, Asst. Salt Commissioner, pointed out the poor performance of iodisation program in Andhra Pradesh. Mr. P.M. Chowgule, Supdt. of Salt, Humma, dwelt on the progress of iodisation program in Orissa. There were 2 speakers representing the NGO, Mr. I.G. Kurmanatha Rao, President, Federation of Consumers Association, Ms. Tulsi Swarna Lakshmi, Project Officer, Concern for World Wide, who advocated that they can promote marketing skills and that efforts should be made to bring all salt farmers into one grade. Mr. Suggu Bheemeswara Reddy, President, Minor Licensees Association, Naupada, said that all discussions should be held in Telugu only and that the small iodised salt producers were not able to follow. He wanted the training program to be conducted for operating the iodisation plant. He said that they were prepared to produce iodised salt if they are given potassium iodate and the iodisation plants.

Mr. Kota Mallikarjuna Rao, President of Minor Licensee's Association Bheemunipatnam, listed the demands of the small scale salt manufacturers of AP as under:

I. Free supply of power

II. Financial assistance for bore wells to supplement sea brine

III. Permission to lift sea sand for consolidation of crystalliser beds

IV. Financial assistance for realignment of bunds

V. To give patta to the existing manufacturers, instead of lease

In the Valedictory Ssession, chaired by Mr. S. Sundaresan, Salt Commissioner, GOI, the plan of action was unfolded by Mr. C. Raghu, Superintendent of Salt, SC's Office, Jaipur, by defining the role of each stake-holder.

In his concluding remarks, the Salt Commissioner efficiently answered the queries raised by the iodised salt producers. He said that the question of giving concessions on electrical power has to be decided by the Electricity Regulatory Authority of India. He agreed to the suggestion for extending financial support for digging bore-wells but this should be only after experimenting and success of trials and also for permitting use of sea sand for consolidation of crystalliser beds.

The meeting concluded with a Vote of Thanks proposed by Dr. Jaipal Singh, Dy. Salt Commissioner, Chennai.

Dr. B.K. Tiwari, Advisor Nurition, DGHS, GOI addressing the Gathering. R to L: Mr. Bhanwar Lal, Dr. S. Ranganathan, Dr. Sudershan Das, Dr. Saraswati Bulusu

First Row: R to L: Smt. Soubhagya Laxmi, Dy. Director, Women & Child Welfare, Dr. P. Sucharita, Director, Institute of Preventive Medicine, Hyderabad, Dr. Laxmi Bhavani, UNICEF Hyderabad, Dr. Saraswati Bulusu, MI India, New Delhi

Participants: Dr. Saraswati Bulusu, MI India, New Delhi, Dr. Laxmi Bhavani, UNICEF Hyderabad at the Workshop

Making a Point: Mr. N. Raghuveera Reddy, Hon'ble Minister for Civil supplies, Govt. Of Andhra Pradesh in Conversation with Mr. S. Sundaresan, Salt Commissioner, GOI. Mr. Konatala Ramakrishna, Hon'ble Minister for Commercial Taxes, Govt. of AP looks on.

Field Visit of Orissa
A Report by Mr. Amit Shukla

Purpose of the visit

To interact with the iodised salt producers of Orissa and try to find ways and means to extend ICCIDD-MII support in order to make them more competitive.

Places visited

I. Humma
   i. Office of Deputy Suprintendent of Salt, Orissa Circle
   ii. Salt Inspector's office

II. Ganjam
   I. Office of Humma-Binchinapalli Production and Cooperative Sales Cooperation

III. Suralo- Bahuda Salt manufacturers Cooperative Society office

IV. Sumandi-Salt fields

V. Salt Analysis Laboratory at Bhubaneswar

Persons Met

I. Mr. T. Venkata Krishnaya, President Humma Binchinapalli Production

II. Sri K.A. Reddy, Secretary, President Humma Binchinapalli Production

III. Sri Goutam Palloi, President Humma Salt Manufacturers Association

IV. Sri Purna Ch. Pattnaik, Chemist, Bahuda Society

V. Sri A.K. Nayak, Inspector Salt Department, Humma

VI. Dhirendra Nath Panda, Secretary, PAID- Local NGO

VII. Mahendra Kumar Panda, Account Assistant, H & B Salt, Ganjam

VIII. Sri Biswanath Padhy, Chemist, H & B Salt, Ganjam

IX. Sri Machiraan Palai, Sr. Clerk, H & B Salt, Ganjam

X. Sri T. Shankar Rao, Iodine Plant Mechanic, Ganjam

XI. Abhimanyu Nayak, President, Bahuda Society

XII. Mr. Khir Sindhu Sahu, Secretary, Bahuda Society

XIII. Dhruv Ch. Behera, Member, Bahuda Society

XIV. Mr. P.K. Nanda, Inspector, Salt Analysis Lab, Bhubaneswar

XV. Mrs. Ashalata, Chemical analyst, Salt Analysis Lab, Bhubaneswar

XVI. Dr. Sudershan Das, Asst. Director, IDD Cell, Govt. of Orissa

XVII. Amblin Pattnaik, Consultant, UNICEF

XVIII. Mr. Ashok Patro, Secy, Local NGO, Bhanjanagar

Observations

I. At Humma Salt office: The office is in a very old building, with very poor infrastructure. We met Inspector Mr. Nayak, who briefed us on the adverse weather condition of the region as one of the major cause for poor production. The other important reason was because of more small producers, the land processing has become a challenge in the region. He further praised the efforts of ICCIDD-MII support to small producers for improved iodisation.

II. The laboratory at Humma for salt analysis is non functional and the salt samples are being sent to Bhubaneswar for testing.

III. We could see heap of Naupada salt on the roadside that is coming through road route in the name of iodised salt, which is in fact not iodised. It is sold at lower cost and on credit to the local wholesale traders. This creates poor market for the local salt producers.

Meeting with the salt producers

A meeting of the salt producers was organised in presence of the salt inspector and local NGO representatives at the Humma & Binchinapalli salt producer's Cooperative office in Ganjam. Mr. Amit Shukla explained them the obective of ICCIDD-MII project very clearly. It was made clear to the salt producers that ICCIDD-MII will only support small iodised salt manufacturers and those producers who are willing to produce additional iodised salt. The support towards repair and purchase of Salt Iodisation plants on cost sharing basis was also discussed which was welcomed by the producers.

It was also explained to the producers that they should utilise this opportunity for making Orissa, a salt sufficient state and make USI a success in India.

The producers requested for organising a sensitization workshop for the salt labourers on iodisation and quality improvement. Some of the producers also suggested for a experience-exchange visit to Tuticorin or any other place with better production process.

Mr. Amit Shukla & Mr. Satyanidhi Rao of ICCIDD-MII interacting with Mr. P.K Nanda, Superintendent of Salt, Bhubaneswar

Mr. Amit Shukla of ICCIDD-MII interacting with members of Humma Salt Manufacturers Association, Humma

ICCIDD-MII Officials at Office of the Superintendent of Salt, Humma, Orissa

The producers also mentioned the requirement of salt crushers and more importantly a washery to improve the quality of the salt.

Meeting with Bahuda salt society

Bahuda salt society office and their field is located about 200 km from Bhubaneswar and the connectivity is also very poor. The society is having a office building which has been built with assistance from Govt. of Orissa. Almost 80% of their members are illiterate and are in the BPL category. The President, Secretary and the Members extended a warm welcome to the members of ICCIDD-MII project team. They discussed in detail about the ICCIDD Objective and support. The encouraging things observed were:

I. They have a regular chemist from their village.

II. They have received an iodisation plant from UNICEF in 1997 but have kept that in a very good condition, painted, under cover and also made a garage to keep that. They want to modify it so that it can be easily shifted to the platforms in the distant places in the fields. Mr. Rao interacted and inspected the plant and agreed to their proposal. The secretary was asked to submit a proposal. It was suggested to them that ICCIDD-MII can consider their proposal on cost sharing basis to which the producers agreed.

III. They also requested for support wherein the quality of the salt can be further improved. ICCIDD-MII team suggested about washery (on cost sharing basis). The producers accepted the proposal and further told that they can get better price for better quality salt. They requested ICCIDD-MII for providing a washery on cost sharing basis.

IV. There was also a request to strengthen their laboratory and training for their chemist Mr. Pattnaik . It was proposed that the chemist can be trained for 2/3 days at Bhubaneswar Salt Department Laboratory. Accordingly, Mr. Amit has spoken to Dr. M.A. Anasri for the training of the chemist at salt department's lab. The department has agreed to extend the support.

Meeting with Assistant Director, IDD cell , Government of Orissa

Government of Orissa has an IDD cell under Directorate of Health Services, which is represented by Assistant Director, Dr. Sudershan Das. The IDD cell has been formed in the year 1987. He is a senior Gynaecologist and is posted in the department for last one year.

The following observations were made:

I. The department undertakes survey of IDD in the state with help of medical officers and also organises awareness on importance of iodine in the state. The last survey done was in 2002 by VSS Medical College, Burla in 4 districts of western orissa. Only goitre survey was done. However, they have not done any salt or urine sample testing till date.

II. They also coordinate with Department of Civil Supplies and food inspectors for collecting salt samples from retailers all across the state and get it tested for iodine content in state laboratory. When we enquired, if they are getting 20% of the expected salt samples & then there is no follow up. Dr. Das expressed his inability due to lack of man power, funds, etc for proper monitoring and follow up.

He agreed to the proposal of Mr. Amit Shukla to form a Committee at the state level for strengthening Universal salt Iodisation (USI) in Orissa. He assured his full cooperation for this.

Meeting at Salt analysis laboratory, Bhubaneswar

The chemical analyst Mrs. Ashalata explained Mr. Amit Shukla in detail about the procedures they are adopting to test the iodine quantity and NaCl content in the common salt. She also shared the details of giving the code to each sample, documentation and reporting.

She further shared that 90% of the salt coming to Orissa through train route are either non-iodised or inadequately iodised. She travels to Bhadrak, Cuttack, Sambalpur, Bolangir to collect the samples & is regularly reporting to the Salt Superintendent Office.

She was requested to train the chemist of Bahuda society to which she agreed but asked to get an official letter from Suprintendent office.

Mr. P.K. Nanda, inspector for Balsore region suggested for experience exchange visit of the salt laborers to AP/Tamilnadu for learning better technique of salt production. He welcomed the idea of cost sharing for providing iodisation plant.

Mr. Amit Shukla was accompanied by Dr. Prasant Saboth in this field visit.

Salt Manufacturers repairing the Salt Iodisation Plant at Basuda, Orissa

ICCIDD Officials along with Basuda Salt Manufacturers Association Members

The Chemist at the Salt Testing laboratory, GOI, Bhubaneswar along with ICCIDD-MI Official

First Western Region ICCIDD Panel Meeting
9th Sept 2006, Ahmedabad

A meeting was organised by ICCIDD at Confederation of Indian Industry (CII) office Ahmedabad with the salt producers of Gujarat to find out ways to increase the production of iodised salt. ICCIDD-MII was represented by Dr. Chandrakant S. Pandav and Mr. Amit Shukla. The meeting was attended by Mr. D.L. Meena, Deputy Salt Commissioner, Gujarat, Ms. Ripal Patel, CII, Mr. D.S. Jhala, President, Indian Salt Manufactures Association, Mr. Bachubhai Ahir, President, Gandhidham Chambers of Commerce & Industry, Mr. Hiralal Parekh, President, Kandla Salt Manufacturers Association, Mr. P.N. Rao, Vice President, ISMA, Mr. Nakul Agarwal, Proprietor, Bhagandas and Sons, Mr. Babbhai Panchalk, Halwad, Mr. Haribhai Patel, Mr. Bharat A Patel, Patdi and Mr. Yogendra Desai, Kharagoda.

Highlights

I. All the participants agreed and supported the Universal Salt Iodisation (USI) and assured about their continued support for USI. They agreed that the iodisation process is also commercially viable for them.

II. It was agreed that the approach of collaborative efforts has to be adopted and all the organisations should recognise each others efforts. ICCIDD mentioned that only salt producers can make the USI successful with the support from Government.

III. The producers suggested that there is a strong need for creating more awareness regarding salt iodisation, especially in rural parts of India. They suggested this approach would ensure sustainability of USI.

IV. It was suggested to involve the Indian Medical Association and other medical associations for awareness and quality assurance activity.

V. The panel discussed that the BPL population can be best targeted by distribution of iodised salt through PDS system.

VI. There has to be a sustainable long term policy by Ministry of Railways, Government of India regarding allotment and freight for transportation of iodised salt. ICCIDD mentioned that they are in regular touch with the officials of the railway ministry.

VII. The new suggested criteria's of distribution of KIO3 has to be submitted to ICCIDD-MII by the panel. The producers suggested that the support under ICCIDD-MII project should be extended to all the iodised salt manufacturers rather than a group of producers/Traders.

VIII. The producers also mentioned their issue about the concerns raised against production of crystal iodised salt. ICCIDD replied that the concern raised against the production of crystal salt by producers would be discussed in the inter agency meetings.

IX. The members suggested that the panel should also work against stringent norms of PFA Act. They suggested that the concerns related to the PFA act should be raised to appropriate levels.

X. It was suggested that ICCIDD-MII can tie up with other organisations like Lions club, Rotary etc to broaden the scope of activities.

Exploring Opportunities of IDD Awareness Campaign
Sonepat, 5th September 2006

"Srijan" is an NGO which is connected with youth development programmes in Sonepat, Haryana. The organization is spearheaded by Mr. Dinesh Kumar. It has adopted 40 educational institutes in Sonepat and has been in contact with more than 100,000 school children. Mr. Dinesh Kumar organises motivational lectures for these school children to help them decide for themselves what they would like to become professionally and contribute to the growth of the nation.

On hearing about this mandate, the ICCIDD decided to send its representatives to Sonepat to assess the activities of Srijan and find out the feasibility of spreading IDD awareness through them. ICCIDD was represented by Dr. Arijit Chakrabarty and Ms. Shalini Chakrabarty. They observed three lectures delivered by Mr. Dinesh Kumar out of which two of them were in a B.Ed College and one was in a school affiliated to CBSE board. The students were from class XI & XII.

Since 5th September is celebrated as a teachers day, Mr. Dinesh Kumar read out excerpts from his book named "Icchha Se Sankalp Aur Phir Chamatakar", authored as well as published by him. Dr. Chakrabarty also delivered his lectures on importance of consumption of iodised salt and about the organisation ICCIDD.

It was felt by the ICCIDD team that Mr. Dinesh Kumar's organization is a good platform to spread IDD awareness and ICCIDD can partner with the organisation. However, it was also felt that the activities need to be spread which are currently localized to Sonepat area.

RIGHT OF EVERY CITIZEN TO RECEIVE A GOOD HEALTH SERVICE

"It is our responsibility to protect the free health service and the Government will guarantee the right of every citizen to receive a good health service. The hospital system will be developed and steps will be taken to improve disease control methods and health education.

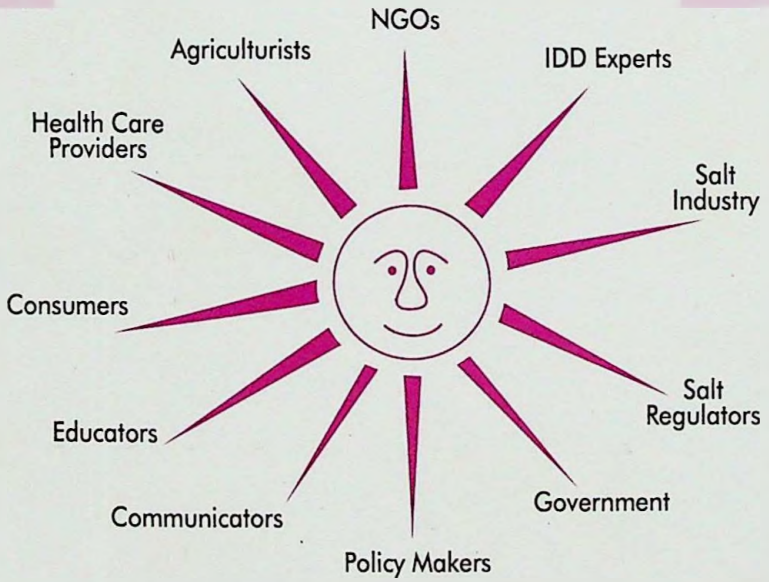
More doctors and nurses will be recruited and their services will be given to the rural sector. We will also implement the Senaka Bibile drugs policy."

"I appeal to this august assembly not to consider our interventions for the sake of education as relief assistance but as investments for the sake of the country."

- From the policy statement made by President of Sri Lanka, His Excellency Mahinda Rajapaksa at the opening of the new session of Parliament, 25th November 2005

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

Daily consumption of Iodised salt is a healthy habit



Sustaining Elimination of IDD

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