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Mandatory Reporting of Iodine Nutrition by Member States Reinforced 60th World Health Assembly Resolution

23 May 2007

SIXTIETH WORLD HEALTH ASSEMBLY

WHA60.21

Agenda item 12.21

23 May 2007

Sustaining the elimination of iodine deficiency disorders

The Sixtieth World Health Assembly, Having noted with appreciation the report on sustaining the elimination of iodine deficiency disorders; Noting that, although progress has been made by some Member States in the sustained elimination of iodine deficiency disorders in the past two years, between one fourth and one third of the world's population still suffers from this micronutrient deficiency, most of them in impoverished areas of the world;

Concerned that iodine deficiency can prevent the optimal development of children's brains, with possible consequent learning impairment with subsequent social and economic consequences;

Recognizing that the fight against iodine deficiency contributes directly to many of the internationally agreed health-related goals including those contained in the Millennium Declaration, including eradication of extreme poverty, reducing child mortality, improving maternal health, achieving universal primary education, and promoting gender equality;

Applauding the support of international organizations, especially WHO, UNICEF, WFP, bilateral development agencies and nongovernmental and private partners, including Kiwanis International, the International Council for the Control of Iodine Deficiency Disorders and the Global Network for Sustained Iodine Nutrition,

1. URGES Member States:

(1) to redouble their efforts to reach those people not yet protected from iodine deficiency disorders and to sustain successful programmes on a continuous basis;

(2) to implement the recommendation in resolution WHA58.24 to establish multidisciplinary national coalitions in order to monitor the state of iodine nutrition every three years;

2. REQUESTS the Director-General to continue to strengthen WHO's cooperation with other organizations in the United Nations system in supporting Member States in fighting iodine deficiency and report on iodine status every three years in compliance with resolution WHA58.24.

Eleventh plenary meeting, 23 May 2007

A60/VR/11

सर्वेषु स्वस्ति भवतु
सर्वेषु सन्ति भवतु
सर्वेषु पूर्णम् भवतु
सर्वेषु मंगलम् भवतु
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May Peace be unto all
May fullness be unto all
May prosperity be unto all

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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,

The 60th World Health Assembly unanimously passed a resolution reinforcing the call for mandatory reporting on achievement of USI and elimination of IDD. As has been the practice, the draft resolution was prepared by ICCIDD. The 60th session of the WHO Regional Committee for South East Asia was held at Bhutan from 31 August to 3 September, 2007. ICCIDD statement was circulated in this meeting.

Sri Lanka has achieved Universal Salt Iodisation and is now ready for external evaluation. A formal request for the same is awaited. Reports on current status of consumption of iodised salt in Nepal and Pakistan is reported.

ICCIDD is carrying out a nationwide survey of coverage of iodised salt in India in partnership with the Bharat Scouts and Guides. A detailed methodology and the progress so far is reported here.

Consumer Voice is a leading monthly magazine of consumer interest in India. The July, 2007 issue features an article on iodised salt in India, where 13 leading brands were tested. The full feature is reproduced in this issue including the interview of Prof. M. G. Karmarkar, Senior Advisor, ICCIDD.

The progress with coverage of adequately iodised salt is uneven. The World Health Assembly resolution followed by the resolution in the Regional Committee will provide the required framework to consolidate and accelerate coverage of adequately iodised salt so as to move closer towards sustainable elimination of IDD.

Dr. Chandrakant S. Pandav
Regional Coordinator - SA Region

Mandatory Reporting of Iodine Nutrition by Member States Reinforced 60th World Health Assembly Resolution

23 May 2007

The 60th World Health Assembly unanimously passed a resolution reinforcing the call for mandatory reporting on achievement of USI and elimination of IDD.

The ICCIDD delegation to the 2007 WHA consisted of the Chair, Gerard Burrow, the Executive Director, David Haxton, Jack Ling and the Regional Coordinator for Latin America, Eduardo Pretell, supported by UNICEF. They were able to convince the WHA to repeat its call, first made in 2005 at the 58th WHA, for Member States to accelerate efforts to achieve IDD elimination and to report at three year intervals on their progress.

The resolution was adopted by acclamation. It was proposed by the Government of Peru. Cosponsors were the Governments of Argentina, Bhutan, Bolivia, Brazil, Chile, China, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Indonesia, Islamic Republic of Iran, Panama, Paraguay, Uruguay, Venezuela and Zimbabwe. It was the first item to be discussed under the broad heading of technical and health issues. Eduardo Pretell, representing Peru, gave an excellent introduction that was well received. China and

Canada then made short supporting statements. Iran spoke in the names of all Member States in its region, and Guinea spoke in the name of all 47 African countries. The discussion on iodine lasted 22 minutes, and although there was likely additional country support among other Member States, they did not make additional statements in order to keep the session from becoming too long.

However, despite the call of the 2005 WHA, it is clear a large number of Member States did not fully report or did not report at all on the issue. Or, if they did, the information was included in a larger document. To improve this, ICCIDD has offered its assistance to seek ways to improve on this process.

The report to the WHA contained in "WHO Sixtieth World Health Assembly, Item 12.21, A60/28 dated 5 April, 'Progress reports on technical and health matters'" is based on information available and was prepared by the ICCIDD Secretariat.

This document which is reproduced on the front page, can be obtained on the WHO website (www.who.org) in the area relating to the WHA.



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124/12/07

60th Session of the WHO Regional Committee for South-East Asia Statement of the Regional Coordinator, ICCIDD - South Asia*

Thimphu, Bhutan, 31 August-3 September, 2007

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 60th Regional Committee for South-East Asia that is being held at Thimphu, Bhutan.

ICCIDD has been a regular participant in the Annual World Health Assembly (WHA), since 1994. The ICCIDD delegation to the 60th World Health Assembly held in May 2007 was able to convince the WHA to repeat its call, first made in 2005 at the 58th WHA, for Member States and I quote from the report, “

1. **URGES** Member States:

- (1) to redouble their efforts to reach those people not yet protected from iodine deficiency disorders and to sustain successful programmes on a continuous basis;
- (2) to implement the recommendation in resolution WHA58.24 to establish multidisciplinary national coalitions in order to monitor the state of iodine nutrition every three years;

2. **REQUESTS** the Director-General to continue to strengthen WHO's cooperation with other organizations in the United Nations system in supporting Member States in fighting iodine deficiency and report on iodine status every three years in compliance with resolution WHA58.24”.

ICCIDD is the only organization, which focuses exclusively on the sustainable elimination of iodine deficiency disorders. ICCIDD has been providing over the last 22 years a wide array of expertise including medical, nutritional, salt industry and technical aspects related to IDD. ICCIDD has also played pivotal role in policy formulation by regular interactions with the elected representatives and policy makers.

Elimination of Iodine Deficiency Disorders will contribute to at least six of the Millennium Development Goals:

1. **Eradicate extreme poverty and hunger:** Eliminating IDD will increase learning ability and intellectual potential, leading to higher earnings. In addition, the burden of diseases and pathologies related to IDD will be eliminated thus making substantial savings on expenditure incurred thereof.
2. **Achieve Universal Primary Education:** Children will have improved cognitive development & learning capacity, leading to improved school performance and reduced drop out rates.

3. **Promote gender equality and empower women:** Eliminating IDD in children reduces childcare burden for women, frees up household resources and allows women more time for income generating work.
4. **Reduce child mortality:** Control and Elimination of IDD contributes to decreased rates of miscarriages, stillbirths, and other pregnancy complications, as well as early neonatal deaths.
5. **Improve maternal health:** Women as a result of their increased physiological requirements of iodine during pregnancy and lactation are more at risk of IDD. Eliminating IDD in women will reduce rates of miscarriages, thyroid diseases and other clinical outcomes of IDD, thus improving the health status of women of reproductive age.
6. **Develop a global partnership for development:** The programs for sustainable elimination of iodine deficiency ensure a strong partnership of public, private and civil society at the global, regional, and country level.

The 2002 UN Special Session on Children celebrated a remarkable progress made towards the World Summit for Children goal of eliminating iodine deficiency disorders (IDD) the world's leading cause of preventable mental and development problem. 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 globally consumed iodised salt, thus preventing more than 80 million newborns in the world annually from consequences of iodine deficiency. The Special Session also endorsed the goal “to achieve sustainable elimination of iodine deficiency by 2005”.

However IDD remains a public health problem in over 50 countries (Iodine Status Worldwide, WHO Global Database 2004). Iodine nutrition is optimal in 43 countries. The number of countries with iodine deficiency as a public health problem decreased from 110 to 54 between 1993 and 2003. Nevertheless, in 54 countries located in all regions of the world, the iodine intake of the population is insufficient and iodine deficiency with its impact on health and development is still a public health concern. In these countries, Universal Salt Iodisation (USI) needs to be strengthened and fully implemented.

Four countries in the South-East Asia Region of WHO (WHO-SEAR) have been able to achieve relatively high rates of coverage of household use of iodised salt. There is a wealth of knowledge on lessons learned on key issues with regards to sustainability. A lot of

progress needs to be made in the other priority countries of the region, as well. Household coverage of adequately iodised salt is 95% in Bhutan (2001), while it is 90.1% in Sri Lanka (2005). The coverage with regard to the remaining countries are as follows: Maldives: 67% (2002); Nepal: 58% (2005); India: 57% (2005); Bangladesh: 51% (2004-05); Timor-Leste: No recent survey data; Thailand: 56% (> 30ppm)(2004); Myanmar: 86% (iodised salt), (2003); Indonesia: 73% (> 30 ppm), (2003); DPR Korea: Information awaited.

We need to continue to push the IDD/USI agenda collectively with partners. Bhutan is the only country in the region that has eliminated IDD. The introduction of cyclic monitoring as part of the monitoring process for the first time in the world has worked to the country's advantage. Sri Lanka is one more country that is doing well in terms of IDD elimination. We understand that a request is being processed from them for an independent external assessment.

The lessons learned from the more successful countries are:

1. Hold regular National Advocacy events to assure that all actors in the field are informed, active and participating
2. Hold regular National and Sub National monitoring activities and report them widely to demonstrate not only progress but where problems are difficult
3. Maintain constant public information on the problems of iodine deficiency and the dangers of absence of iodine
4. Sustain high level national political commitment across the board

Experience has taught us that in the long history of IDD Elimination Programs, wherever political commitment has waned off over a period of time, IDD once eliminated has resurfaced again. 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 produce 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.

Behavioral Change Communication (BCC) area needs emphasis. Communities are a valuable resource for advocating for Universal Salt Iodisation (USI). Prevention of IDD is the single most important cause of preventable mental handicap. Behavioral Change Communication on Iodine Deficiency Disorders has lot to learn from development and implementation of BCC of polio, an important preventable cause of physical disability.

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. Rapid test kit is an important tool for advocacy. They can be used for assessing

household coverage of iodized salt, but a sub-sample for titration is also required. Guidelines on how to draw a sub-sample for titration are available. At production level titration is always required so as to have precise estimate of iodine. Information, thus collected, should be linked with corrective decision making process. Monitoring is the backbone which tracks the success of the programme regularly

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.

IDD affects quality of human resource development. These points should now feature in international forums like South Asian Association for Regional Cooperation (SAARC), Association of South East Asian Nations (ASEAN) & United Nations Economic and Social Commission for Asia and the Pacific (ESCAP).

This is not the time to rest. The effort should be more vigorous now. 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 and the contribution of elimination of IDD to at least six of the Millenium Development Goals (1. Eradicate extreme poverty and hunger; 2. Achieve Universal Primary Education; 3. Promote gender equality and empower women; 4. Reduce child mortality; 5. Improve maternal health; 6. Develop a global partnership for development). 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 and 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, monitoring and communication (AMC).

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 success story of any programme is being discussed.

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?"

**This statement was circulated in 60th session of WHO RC SEAR, at Thimpu, Bhutan*

Sri Lanka Achieves Universal Salt Iodisation

By Mahinda Gunawardena

Lanka Salt Ltd., Hambantota and Puttalam Salt Ltd. are Sri Lanka's main producers of salt accounting for the country's annual demand of around 105,000 MT of salt. Recognising the need for mitigating Iodine Deficiency Disorders (IDD), both the salt industry and the Government of Sri Lanka were able to obtain the initial, limited assistance from UNICEF, whereby small capacity machines were made available for salt iodisation. This permitted these two producers to iodise only 20% of their total production.

The balance was therefore given to the cottage industry sector as raw salt to be iodised and sold to consumers. This sector within the poorer sections of the community represents the micro industry and generates both employment and sustains a large network of households and families.

However their limited access to financial resources prevented them from making investments for quality machinery for iodisation as well as ensuring quality control.

This disparity resulted in the high prevalence of IDD in Sri Lanka as nearly 80% of the salt entering the market for human consumption was below the requisite iodisation standards.

Thus in early 2005, following to damages of salt infrastructure owing to the 2004 Tsunami, ICCIDD Sri Lanka in its endeavor to find a long term solution to eliminate IDD, presented their case to The Micronutrient Initiative. This resulted in MI making available a donor grant to the two main salt producers for the construction of two modern factories capable of iodising the entire production.

A unique feature however, was the participation of cottage industry sector, which was further strengthened by their becoming the marketeers of good quality factory iodised salt. Good example of partnership between International agency and a National NGO, between large producers and cottage industry - together all these constituents can accelerate progress towards sustainable elimination of IDD in Sri Lanka.



The picture shows a typical cottage industry iodisation location and the rudimentary procedures adopted for salt iodisation



The two factories culminate in the achievement of the long awaited solution for the elimination of IDD through Universal Salt Iodisation



The Lanka Salt Factory of 15 TPH Capacity was opened ceremonially by the Prime Minister of Sri Lanka, Hon'ble Ratnasiri Wickramanayake on 25th May, 2007. On 17th June, 2007 the opening of Puttalam Salt Factory was done by Hon'ble Siripala De Silva, Minister of Healthcare & Nutrition

Universal Salt Iodisation in Nepal

"Not True to The Salt, STC Selling Unhygienic Salt"

In yet another example of why state run corporations are slowly on the wane, it has been found that Salt Trading Corporation (STC) Nepal, the partially state-run corporation that enjoys full monopoly over the salt market in the country, has been selling highly unhygienic salt to the general public, raising serious health concerns for its loyal consumers.

An investigation has finally revealed that the quality of the "Ayo Noon" or packed iodized salt sent to the markets of 22 hilly districts of the country as part of the "Goiter Disease Eradication Project" has been found to be of extremely low grade and unfit for consumption.

A detailed chemical examination at the laboratory of the STC itself has found "inedible substances" in the salt, reports say quoting sources. The Ministry of Health and Population has also raised objection on the quality of the salt.

From November last year STC has imported salt worth Rs 500 million from India, of which more than half, according to STC sources, has been found to be unsuitable for human consumption.

Even though Parameshwar Mahaseth, former Chief Executive Officer of the corporation had issued a circular to its regional offices to stop any selling or distribution of the unhygienic salt, but

flouting the order selling and distribution of the salt is continuing unabated.

The source also revealed that the decision to import this unhygienic salt and consequent selling and distribution against the circular was made by the corporation's Finance and Commerce Committee headed by Rajendra Man Sherchan, a member of STC's management committee,

Minister for Industry, Commerce and Supplies Rajendra Mahato said the government would carry out a thorough investigation into this scam.

CEO Mahaseth had handed over the authority of taking important decisions in the corporation to the 6-member sub-committee of the STC two years ago.

The corporation has long been planning to enter into international trade by opening its branch offices in a number of cities of India and China. The corporation is also said to be eyeing the Gulf region to develop it as a major trading area for exporting agriculture products there. [nepalnews.com ag July 31 07]

[Http://www.nepalnews.com/archive/2007/jul/jul31/news09.php](http://www.nepalnews.com/archive/2007/jul/jul31/news09.php) accessed on 6/8/07



PAKISTAN: Iodine Deficiency Affecting Children in Northwest

<http://www.alertnet.org/thenews/newsdesk/IRIN/a72ad66ed9dc9872a060e4a5ab920ed1.htm>

14 August 2007

Iodine deficiency is a major health problem in Pakistan. According to the Islamabad-based Network for Consumer Protection, around 50 million people across the country suffer from it.

It is commonly believed iodine deficiency shows itself only as goiter, but actually it can lead to slow mental development, retardation, lethargy and reproductive problems, including miscarriages or still births among women," said Dr Faiza Zafar, a physician based in Abbotabad. She diagnoses iodine deficiency quite frequently among patients from all over the NWFP.

In 6.5 million people the problem of iodine deficiency is rated as "severe", while in many parts of the NWFP, where rain and rivers wash iodine and other minerals out of the soil, up to 90 percent of people outside major towns are said to suffer from some level of iodine deficiency.

Iodised table salt was introduced in Pakistan in 1994 and currently the UN Children's Fund (UNICEF), which began importing potassium iodate into Pakistan around the same time, supplies provincial health departments.

The rate, at US\$2.50 per kilogram is low, and the cost of adding it to salt ground at local mills is minimal.

But a quite different problem has plagued the campaign to promote and popularise iodised salt. "Many people believe that this salt is a means of preventing reproduction and is being distributed as part of a Western conspiracy to stop the growth of the Muslim population," said Dr Zafar.

Zafar said: "Some patients refused to use the widely available iodised salt because they were convinced it would reduce fertility."

This belief, which exists not only in the NWFP but also in many parts of Pakistan's populous Punjab Province, is similar to misconceptions surrounding the oral polio vaccine, and also fortified flour, the marketing of which has begun in some parts of the country.

However, Amjad Malik, a medical student who is working in Abbotabad to combat iodine deficiency, said: "Such problems have to be tackled and not allowed to stand in the way of people's health."

This may be easier said than done though - especially in conservative areas of the NWFP where campaigns conducted by the government or non-governmental organisations (NGOs), hold little weight and are often regarded with distrust.

Combating deeply rooted beliefs is hard, with many people seemingly unconvinced by factual evidence.

Allah Almighty has given us many natural wonders, including salt. Why should we add man-made medication to it? If a child is ill or a woman suffers miscarriages, that is God's will," said cleric Abdul Hakim, based at a mosque close to Thandiani.

However, gradually, the message regarding iodine has begun to reach some families. "If this will help my son, I am willing to try it," said Sumaira Khatoon, cautiously sniffing a handful of iodised salt brought from a corner-shop.

Goiter, iodised salt statistics

According to the results of UNICEF-supported research conducted by the Peshawar-based Research Centre of the Khyber Medical College, in the Swat area of the NWFP, the findings of which were published in 2003, 52 percent of boys and 45 percent of girls aged 8-10, from a sample of 960 students, were found to suffer from goiter. While this marked a slight improvement over figures reported in past years, the incidence of the problem remained high.

According to the Network for the Sustained Elimination of Iodine Deficiency, a network of major international organisations working globally against iodine deficiency, only 17 percent of Pakistan's population uses iodised salt. This compares to over 70 percent in neighbouring India, 93 percent in Nepal and 78 percent in Bangladesh.

International agency Micro-nutrients Initiative (MI) has now taken over responsibility for promoting iodised salt in the country and is working with the Health Ministry. Attempts are being made to persuade rock-salt crushing factories to add the nutrient to its products.

Wider marketing of iodised salt and indeed a battle against widespread malnutrition, which causes stunting among 38 percent of Pakistani children, according to international findings, may help solve some of the issues millions of people face.

But the struggle could be a long and difficult one, aid workers say. Many NWFP villages are cut off from major towns for months by snow and people tend to live in virtual isolation, unwilling to alter age-old beliefs.

[Http://www.alertnet.org/thenews/newsdesk/IRIN/a72ad66ed9dc9872a060e4a5ab920ed1.htm](http://www.alertnet.org/thenews/newsdesk/IRIN/a72ad66ed9dc9872a060e4a5ab920ed1.htm)

Accessed on 14 August 2007

Partnership of ICCIDD with Bharat Scouts and Guides Nationwide Survey of Iodised Salt

July - December 2007

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 that has pointed significance to the health and development of the nation's population, is one such example. 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.

BSG was approached by ICCIDD to collect information about iodised salt in various parts of India. ICCIDD entered into a partnership with BSG in 1997 when a formal letter was addressed to the then Director of the BSG. Since then it has been a very successful partnership.

Objective

To collect information about iodised salt availability, pricing and its use in various states in India at district level.

Previous Study Period: October 1997-June 1998

A national level salt sample collection and analysis by titration method and salt testing kit method for availability of iodized salt in India was previously done from October 1997 to June 1998. 80 NGOs from different States and 39 subunits of Bharat Scouts and Guides participated in this study. 80 NGOs sent a total of 1539 samples and 39 units from BSG sent 562 samples to the Delhi office between the month of November 1997 and March 1998. The reports indicate that about 58%-84% of the salt samples at retail level contain adequate iodine. This time special efforts are being made to contact the last time non-responders. This

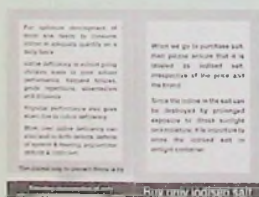
partnership needs to be strengthened and enlarged so that a nationally representative sample can be used for estimation of availability of iodized salt at retail and household levels.

Current Study Period: July - December 2007-Methodology

Mr. G.B.S. Sajwan who is the present Director was approached for revival of collaboration and to provide support to the project that involves collecting information about iodised salt availability and pricing and its use from all the districts of the country. The Bharat Scouts and Guides Headquarter at New Delhi was requested to inform their State people for collection and dispatch of salt samples to ICCIDD, C/o Centre for Community Medicine (CCM), All India Institute of Medical Sciences (AIIMS), New Delhi and also to provide us the list of BSG State Chief Commissioner's addresses to facilitate personal contact. BSG State Chief Commissioners of various states provided us the names of units under their jurisdiction, which would assist in collecting this information.

As per recommendation, we then contacted the specified unit. Jawahar Navodaya Vidyalayas which is under the Ministry of Human Resource Development, Department of Education with their headquarters at Navodaya Vidyalaya Samiti, New Delhi also extended their support in the project. The individual district schools, who were interested to do the survey contacted us to provide them the required material for the survey. Navodaya Vidyalayas are located all over the country including Lakshadweep and Andaman & Nicobar Islands except the State of Tamil Nadu. The number of schools has now grown to 557 spread over 34 States and Union Territories. Out of these 539 are functional. These schools have over 1,58,000 students on roll.

There are total of around 600 districts in India. The number of samples that can be handled by our laboratory at ICCIDD over a period of 12 months besides the routine work will be 20,000.



Therefore, 40 samples per district were required to be collected. Hence, each district were sent the following:

1. 10 prepaid self-addressed envelopes (for sending back 4 zip lock bags containing salt samples)
2. 40 zip lock polythene bags for sending the salt sample from the field site to ICCIDD laboratory, Delhi
3. One copy of English and Hindi brochure each, that contains information on buying and consuming adequately iodised salt and usage of salt testing kit
4. One copy of English and Hindi instructions booklet
5. One box of Salt Testing Kit (STK) which contains 20 STK to test the salt for presence or absence of iodine
6. Five Proformas to be filled by the volunteers

The volunteers could also use the Salt Testing Kits to organize and plan any community education activity. Booklets and pamphlets

on IDD would also be sent to them by post. The salt samples received in ICCIDD laboratory will be quantitatively tested for iodine content by the titration method.

Progress so far

We have sent 40 letters across India to various States and Union Territories requesting Bharat Scouts and Guides State Commissioners & Railway State Headquarters The progress so far is enumerated in Table 1. Efforts are being made to contact more and more schools through Jawahar Navodaya Vidyalaya Samiti and Kendriya Vidyalaya Sangathan so as to reach the grass root level and get the desired information about iodised salt all over the country.

The last date of collection of samples is 30th November, 2007. The time required for analysis of all the received salt samples in the ICCIDD laboratory would be 2 months. Report preparation will be done in the month of February, 2008 followed by dissemination of the results in March, 2008.

S.N	State	Navodaya Vidyalaya (districts)	Bharat Scouts & Guides (units)
1.	Andaman & Nicobar	2	
2.	Arunachal Pradesh	16	
3.	Assam	26	
4.	Andhra Pradesh	22	
5.	Bihar	1	2
6.	Chhattisgarh	16	
7.	Chandigarh U.T.	1	
8.	Delhi	2	2(40 schools)
9.	Dadra and Nagar Haveli	1	
10.	Daman and Diu	2	
11.	Goa	2	
12.	Gujarat	20	
13.	Haryana	19	
14.	Himachal Pradesh	12	
15.	Jammu & Kashmir	14	
16.	Jharkhand		
17.	Karnataka	27	
18.	Kerala	14	

S.N	State	Navodaya Vidyalaya (districts)	Bharat Scouts & Guides (units)
19.	Lakshdweep	1	
20.	Madhya Pradesh	48	
21.	Maharashtra	31	
22.	Manipur	9	
23.	Meghalaya	7	6
24.	Mizoram	8	
25.	Nagaland	11	
26.	Orissa	30	
27.	Pondicherry U.T.	4	
28.	Punjab	17	
29.	Rajasthan	32	
30.	Sikkim	4	
31.	Tamil Nadu		
32.	Tripura	4	
33.	Uttar Pradesh*		
34.	Uttaranchal		13
35.	West Bengal		25

*5 NGO Units

Rashtrapati Awards to Bharat Scouts & Guides Dr. Chandrakant S. Pandav, B.S.G. Fellowship Awardee

The Rashtrapati Scout/Guide and Rover/Ranger Awards function was held on 11th July, 2007. The awards were given away by the Hon'ble President of India H.E. Dr. A.P.J. Abdul Kalam at a grand function organised at the Ashoka hall of the Rashtrapati Bhavan.

In his address to the awardees and the guests, Dr. Kalam praised the Scouts and Guides for their discipline and commitment to work for taking the country forward. He also read out a set of promises

pertaining to healthy environment and Nation building activities which were repeated enthusiastically by all present.

Dr. Chandrakant S. Pandav was awarded B.S.G. Fellowship in recognition of his philanthropic gesture in support of the Bharat Scouts and Guides movement in India. Since Dr. Pandav was unable to attend this function he was presented this fellowship during the National Executive meeting of the Bharat Scouts and Guides at their headquarters in Delhi.



Left: Dr. Chandrakant S. Pandav receiving the Rashtrapati Bharat Scouts and Guides Fellowship from Mr. Lail Jain, National commissioner of BSG
Right: The President of India, H.E. Dr. A.P.J. Abdul Kalam interacting with the scouts and guides during the function

Iodised Salt Features in Leading Consumer Magazine

Consumer Voice Vol. VIII, Issue VII, July 2007

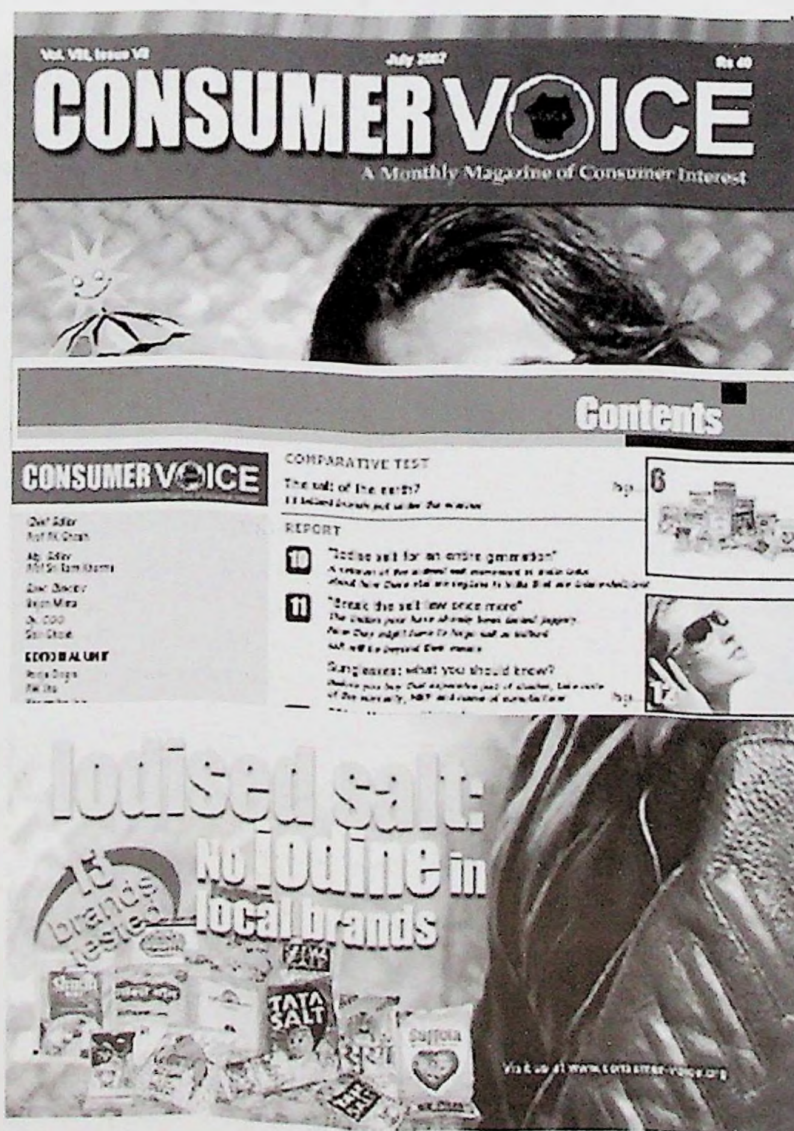
Courtesy Consumer Voice

Consumer voice is a monthly magazine of consumer interest. The July issue of the magazine carried a full feature on iodised salt in India. 13 local brands were tested. Statement of Dr. M.G. Karmarkar, Senior Advisor ICCIDD was also reported. In the next few pages we are reproducing all that has been written in this issue relating to iodine and iodised salt.

The permission for reproducing the same has been taken from ConsumerVoice.

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The Salt of the Earth

Comparative Test

Courtesy Consumer Voice

Salt is something we consume everyday. This white powder-like compound is an integral part of our lives and urban consumers don't even think twice before purchasing the same brand that they have been using for years. The only time that salt grabs attention is when one starts to suffer from hypertension or heart trouble.

With the Government of India endorsing iodised salt as a panacea for Iodine Deficiency Disorders (IDDs), organised-sector manufacturers have had a clear lead in urban India promoting their brand of salt as fortified with iodine, as 'vacuum evaporated', lump-free, and everything else that advertising can highlight to set branded salt apart. The Saffola brand for example, comes with a catchline 'The heart of a healthy family'. There, however, is little indication to show how consumption of Saffola salt actually contributes to strengthening of the heart.

If you are worried about iodine disappearing from salt during the process of cooking, you can put your worries to rest. Laboratory tests show that most of the salt brands tested retain an appreciable amount of iodine even after cooking.

Consumer VOICE tests of iodised salt had a mix of organized and local-sector brands. The most surprising finding is that a local and little-known brand TOTA is among the top three in overall performance.

Fair amount of iodine

It was in 1973 that iodised salt standard were first laid down by the Bureau of Indian Standards. Minimum requirement for iodine content has been fixed at 15 ppm at consumer level and 30 ppm at manufacturer level. Except for local brands like Seema and Taja, all brands conform to this national standard. Saffola has the

highest iodine content at 52.85 per cent ppm. To assess how much iodine is lost from salt after cooking, vegetables were boiled for 0-15 minutes and salt put in them. The boiled stuff showed that iodine content was still consistent.

Highest iodine content

Saffola: 52.85%; Tata Salt : 39.36%; Good Health: 39.03%

Lowest iodine content

Taja: No iodine content; Seema: 1.05%

How much salt?

It is the sodium chloride content which determines how 'salty' salt actually is. Standards specify that sodium chloride content should be 96 per cent at least.

Brands with less than requisite sodium chloride content

Saffola: 94.8%; Taja: 93.38%; Seema: 89.06%

Moisture

It is moisture that tends to cause lumps in salt during its 12 months or so of shelf-life. That is why standards specify a maximum moisture limit of 6 per cent. While all brands (whether branded or unorganised) had their moisture content well within maximum permissible limits, brand 'Seema' had its moisture content very high at 8.2 per cent.

Salt brands are underweight

Products being underweight is a common problem. The Weights and Measures Act 1977 allows for some leeway-up to 1.5 per cent less quantity for salt packs up to 1 kg. Taja salt which has a proclaimed net weight of 1000 g actually weighed 947 g.

[illegible]

Salt costs a few rupees a kilo but is the most widely used food product. Ever since iodine began to be added to salt, there has been a tug of war between big manufacturers and small-time salt producers for control of something that is so basic to human food consumption patterns. Consumer VOICE tests 13 brands of iodised salt to find out which brand has how much iodine and if brands that have been priced at a premium are actually worth their saltliterally. The good news is that cooking and heating food does not diminish the iodine content in salt significantly. Brand 'Nirma Shudh' tops the overall performance, followed by Shakti Bhog and a local brand 'Tota'

[illegible]

BRANDS TESTED & THEIR RANKS

Nirma Shudh	1
Shakti Bhog	2
Tata	3
Ashirwad	4
Tata	5
Catch	6
Captain Cook	7
Good Health	8
Surya	9
Shudh	10
Saffola	11
Seema	12
Taja	13

KEY FINDINGS

1. Shakti Bhog and Good Health are the only two brands with ISI Mark.
2. Local brands have no iodine value even though they claim to be iodised.
3. Salt retains iodine value even after food being cooked for 10-15 minutes.
4. Taja salt 1 kg pack underweight by 53 g.

Insoluble matter

Water insoluble matter denotes that matter in salt which does not dissolve in water. Such matter is mostly impurity. TATA Salt was found to be the finest with least insoluble matter in it. The expensive brand Saffola and Taja, a local brand, had the most insoluble matter above permissible limit. Saffola was also found to have milky appearance when dissolved in water. This could be because of certain minerals blended in it.

Does price have anything to do with quality?

Edible salt typically costs around Rs 8 per kg. When brands like Saffola and Catch up their price and sell their product at twice the average price, one wonders what is it that sets them apart from the rest of the brands.

After having tested 13 brands of edible salt according to relevant national standards, Consumer VOICE did not find anything special with either Catch or Saffola that would put them head and shoulder above other brands. Catch probably prices itself in the premium segment because it has designed itself for use as table salt that comes with attractive cylindrical packaging. Saffola may be selling at a high price because it claims to be a fortified salt brand.

How we test

The comparative testing of 13 brands of iodised salt was conducted in an National Accreditation Board for Testing and Calibration Laboratories (NABL) accredited lab during the second quarter of 2007. The tests were conducted according to voluntary BIS standard: IS 7224:1986 and relevant PFA rules 1955.

Iodine Deficiency Disorders

Iodised salt has acquired significance because of salt being the most accepted carrier of iodine. For more than forty years now, the

Indian government has been focussing on what are known as Iodine Deficiency Disorders (IDDs). Iodine supplementation in India started with the Kangra Valley Study (in Himachal Pradesh) in 1956, since Kangra was identified as a region with high prevalence of goitre and iodine deficiency. In a study carried out in this population, three groups were asked to consume iodised salt, iodated salt, and non-iodised salt, respectively. The group which received iodised salt showed a decrease in the prevalence rate of goitre from 38 per cent to 19 per cent over six years and to 8.5 per cent over 12 years. Similarly, the population which received iodated salt showed decrease in goitre rates from 38 per cent to 15 per cent over 6 years and to 9.1 per cent over 12 years. This was in contrast to the population that received unfortified salt in which the goiter prevalence rate did not change. Iodine is said to be essential for normal physical and mental growth. If there is lack of iodine during pregnancy, a newborn's brain and body can become permanently retarded and stunted. In India, it is estimated that 200 million people are at risk of IDD, while the number of persons suffering from goitre and other iodine deficiency disorders is about 70 million. IDDs are generally related to goitre and thyroid hormone. In the early 1960s, initial epidemiological evidence for association of goitre and cretinism with iodine deficiency was reported from Papua New Guinea. Globally, the prevalence rate of goitre in a community is considered a 'marker of IDD' in the population under study. It has been reported that, in general, if the total goitre prevalence rate in the community is more than 30 per cent, then cretinism is likely to be prevalent in that population. Cretinism is a congenital disease due to absence or deficiency of normal thyroid secretion, characterised by physical deformity, dwarfism, and mental retardation, and often by goiter.

Source: *Relevance and importance of universal salt iodisation in India, The National Medical Journal of India, Vol 10, No 6, 1997*

The Art of Living and Salt

In August 2006, spiritual guru Sri Sri Ravi Sankar's 'Art of Living' launched a campaign against the imposition of iodised salt on consumers. In its communication, 'Art of Living' said, "The government banned the sale of natural common salt citing that the addition of iodine to this everyday item appears to be the most effective way of combating deficiency. Our question is that when only estimated 2 per cent of India's population suffers from iodine deficiency, why compel the remaining 98 per cent to consume iodised salt". 'Art of Living's' standpoint is that the ban on natural salt is a direct blow to people's right to choose. Today, it's salt; tomorrow it could be water or any other food that we eat or drink. "How can we justify the ban on common salt when more hazardous substances such as alcohol and cigarettes are allowed to be sold with a mere statutory warning?"

Comparative Test

Courtesy Consumer Voice

Brands Parameters	Weightage %	Nirma Shudh	Shakti Bhog	Tata	Ashirwad	Tata Salt	Catch	Captain Cook	Good Health	Surya	Manu Shudh	Serma	Tata	Saffola (fortified)
MRP Rs./kg.		8	8	5.5	8	9	16	9	9	9	7	4	7	16
Packing	4	3.5	3.5	2.5	3.5	3.5	4	3.5	3.5	3	3	2	2.5	3.5
Marking	6	4.61	4.61	5.07	4.61	4.61	3.69	4.61	5.07	4.61	4.61	3.23	4.15	4.15
Net Weight	3	3	3	2.7	3	1.4	3	3	3	3	1.8	2.7	0.8	3
Moisture	10	8.75	8.6	9	8.65	8.25	10	8.5	8.7	9	7.2	2	7.2	8.8
Chloride as NaCl	10	8.5	8.4	8	8.4	9	7.3	7.2	8.1	6.5	5	1.5	3.4	4.8
Water Insoluble Matter	8	6	4.3	7	6.9	8	4.7	4.7	5.4	5.9	5.95	7	3	3.4
Matter Insoluble in Water	10	8.1	10	7.1	8	8.85	7.6	7.3	8.1	4.6	1.6	0.4	0.8	3.9
Iodine Content	35	32.7	33.3	34.15	31.3	28.3	33.2	33.8	28.5	32.2	33.7	2.5	0	22
Particle Size	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Turbidity	6	6	4	4.5	4.4	5.8	2.4	2.3	3.3	4.7	2.5	3.2	1.2	0.5
Whiteness	4	4	3.4	2	2.4	2.6	3	3.6	3.8	2.2	2.8	1.6	1.8	3.2
Overall Score*	100	89.16	87.11	86.02	85.16	84.31	82.89	82.51	81.47	79.7	72.16	30.13	28.9	61.25
		1	2	3	4	5	6	7	8	9	10	11	12	

Rating: Excellent >90****, Very Good 71-90***, Good 51-70**, Average 31-50*, Poor <30*

The data presented is score obtained with respect to assigned weightage. It is based on the actual performance of tested brands.

Comparative Test



The Art of Living and Salt
In August 2006, we started our first comparative test of salt. It was a simple idea, but it quickly became a big deal. We wanted to know which salt was the best for our health and our taste. We tested 15 different brands of salt, from Nirma to Saffola. We found that some salts were better than others. Some were cheaper, some were healthier, and some were just better. We decided to share our findings with you. We hope this helps you make a better choice when you buy salt.



Comparative Test Results
We tested 15 different brands of salt. We found that some salts were better than others. Some were cheaper, some were healthier, and some were just better. We decided to share our findings with you. We hope this helps you make a better choice when you buy salt.

Comparative Test

COMPARATIVE PERFORMANCE OF IODISED SALT

Parameters	Brands	Weightage %	Nirma Shudh	Shakti Bhog	Tata	Ashirwad	Tata Salt	Catch	Captain Cook	Good Health	Surya	Manu Shudh	Serma	Tata	Saffola (fortified)
MRP Rs./kg.			8	8	5.5	8	9	16	9	9	9	7	4	7	16
Packing	4		3.5	3.5	2.5	3.5	3.5	4	3.5	3.5	3	3	2	2.5	3.5
Marking	6		4.61	4.61	5.07	4.61	4.61	3.69	4.61	5.07	4.61	4.61	3.23	4.15	4.15
Net Weight	3		3	3	2.7	3	1.4	3	3	3	3	1.8	2.7	0.8	3
Moisture	10		8.75	8.6	9	8.65	8.25	10	8.5	8.7	9	7.2	2	7.2	8.8
Chloride as NaCl	10		8.5	8.4	8	8.4	9	7.3	7.2	8.1	6.5	5	1.5	3.4	4.8
Water Insoluble Matter	8		6	4.3	7	6.9	8	4.7	4.7	5.4	5.9	5.95	7	3	3.4
Matter Insoluble in Water	10		8.1	10	7.1	8	8.85	7.6	7.3	8.1	4.6	1.6	0.4	0.8	3.9
Iodine Content	35		32.7	33.3	34.15	31.3	28.3	33.2	33.8	28.5	32.2	33.7	2.5	0	22
Particle Size	4		4	4	4	4	4	4	4	4	4	4	4	4	4
Turbidity	6		6	4	4.5	4.4	5.8	2.4	2.3	3.3	4.7	2.5	3.2	1.2	0.5
Whiteness	4		4	3.4	2	2.4	2.6	3	3.6	3.8	2.2	2.8	1.6	1.8	3.2
Overall Score*	100		89.16	87.11	86.02	85.16	84.31	82.89	82.51	81.47	79.7	72.16	30.13	28.9	61.25
			1	2	3	4	5	6	7	8	9	10	11	12	

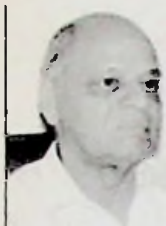
Rating: Excellent >90****, Very Good 71-90***, Good 51-70**, Average 31-50*, Poor <30*
The data presented is score obtained with respect to assigned weightage. It is based on the actual performance of tested brands.



Iodise Salt for an Entire Generation

Interview of Prof. M.G. Karmarkar, Senior Advisor, ICCIDD

Courtesy Consumer Voice



Consumer VOICE: Does iodised salt have any sideeffects? What about people who have hyperthyroidism?

MG Karmarkar: Hyper-thyroidism is a temporary phenomenon. Excess consumption of iodine through salt is not possible as potassium iodate which is used to

add iodine to salt is costly. On an average, we do not consume more than 3.6 kg of added common salt through food in a year, so the fears about consuming excess iodine are baseless.

Consumer VOICE: What is the recommended dosage of iodine? How can one ensure that the right dosage reaches consumers and not more?

MG Karmarkar: Around 150 microgram of iodine is needed everyday. Through our intake of 10 g of salt everyday, this need is fulfilled. Once upon a time, TATA Salt used to put more than necessary amount of iodine in its product to avoid being snared by PFA rules regarding the minimum iodine content of 30 ppm in salt during manufacturing. This is because some amount of iodine is lost after salt is manufactured due to transportation, packaging etc.

Consumer VOICE: Many consumers and activist groups see iodised salt as onslaught of promotion by a few big companies. What is your opinion?

MG Karmarkar: When I was young, I don't remember there being any salt advertising in the media. Branded salt began to be promoted in a big way when TATA first started to manufacture salt. They were also the ones to start making vacuum evaporated salt. This was because they were in the business of manufacturing soda ash. Since they had excess of sodium chloride and did not know what to do with it, they got into the common salt business. Iodisation of salt has increased the price of salt by only 10 paise per kilogram. Some decades ago, salt and sugar were priced at par. Now the cost of sugar has risen to 20 rupees per kg whereas salt is still way cheap.

It is also not true that small-time manufacturers cannot manufacture iodised salt. There have been drives where free potassium iodate has been distributed to small manufacturers but only 5-10 per cent of such manufacturers have the capacity to make iodised salt as they do not have crusher facility and operate chakkis instead. It is erroneous to think that iodised salt translates

into a costly product. There are places in India where iodised salt is being sold at a reasonable price of Rs 3-4 per kg through public distribution system.

Consumer VOICE: What are the iodine deficiency endemic areas in India?

MG Karmarkar: It is the hilly mountainous areas that lack in iodine. Even the goats there are deficient in iodine. This means that iodine-deficiency cannot be met even by meat. We have found that people in Kerala are iodine deficient even when there is common perception that fish eaters do not need iodised salt. It was found that their intake of iodine from fish is just about 30 micrograms as against 150 required. We started work on iodine way back in 1956 when the Kangra valley project was initiated. Then Kangra was part of Punjab and we found that giving of iodised salt to the population for five years obliterated the cases of goitre in the local population.

Prof Madhu G Karmarkar is Senior Adviser, International Council for Control of Iodine Deficiency Disorders (ICCIDD).



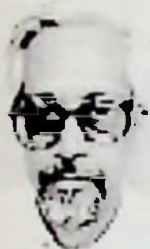
Prof. Madhu G. Karmarkar has spent a lifetime researching and promoting iodine in food. His experience of surveys done in all States of India shows that almost all states in India are iodine deficient. Iodine can never be over consumed and there is nothing like an Multinational companies conspiracy to take small time manufacturers out of the salt manufacturing chain, says the man who has spearheaded the salt iodisation campaign in India



Break the Salt Law Once More

By Surya Rao Maturu

Courtesy Consumer Voice



In November 2005, Ministry of Health & Family Welfare, Government of India, passed an ordinance banning distribution and sale (and consumption) of common non-iodised salt. Unfortunately, it appears, looking at the background to this ban, that vested interests are at work; the medical health findings are not publicly debated and verified. While iodised salt may be good for iodine-deficient areas; the same may be harmful to the average consumer.

Over the last 10 to 15 years, there has been a movement to promote iodised salt for everybody. The "expert opinions" of doctors, nutritionists and even of some NGOs have been swayed in favour of iodised salt. Some thirty crore Indians eat non-iodised salt. For them, a meal consists of rot ior rice, salt, onion, gur(jaggery) or pickle, and without dals, vegetables, and fruits. Profiteering and governing laws have already denied gur and onions to the poor. In future, they will have to forgo salt, as iodised salt is beyond their meagre budget.

More than 50 crore Indians eat iodised salt. Against a requirement of 5 million tonnes (MT) of iodised salt; 900 iodisation units have a 12 MT capacity. Manufacturers buy common, unrefined salt at Re 0.50 per kilogram, iodise it with KIO₃-Potassium Iodate, a toxin, at a cost of Re 0.10 per kg and the end user pays Rs. 6 to 8 for a kilo of iodised salt. Total profits for this industry are more than Rs 1200 crore. Compulsory iodised salt will render a huge fraction of the 2 million employed in the common salt unorganized industry jobless with no reemployment.

We have been buying and eating branded iodised salt for the last 45 years. We presumed it is "good" for our health. Yet known cases of Hyper or Hypo Thyroid in earlier generations are unheard of.

After 50 years of iodised salt, we find an epidemic of Hyper and Hypo-Thyroid disease all over India; almost on the scale of diabetes! Over 80 per cent of these cases are that of women. A 100% salt-free diet is supposed to work wonders; especially regarding high blood pressure which again is a major public health disorder, now being witnessed even in the youth.

There is not a single question on iodised salt in the Parliament; nor has there been any Public Interest Litigation (PIL), barring in

Maharashtra where a PIL has forced the state government to exempt the state from this legislation so far.

Citizen groups can lobby with the Government of India to:

- (i) Have the non-iodised salt ordinance repealed.
- (ii) Get adequate compensation for victims of iodised salt consumption, from the Government of India.

Citizens can file RTI applications all over India to understand the basis for the ordinance.

In 1859, the British passed a salt ordinance and in 1929 they took over the salt industry, banning salt production by local people. From the 12th March to 6th April, 1930, Gandhi led his Dandi Yatra and defeated the then government by Salt Satyagraha 1930-31. Let us do this once again in 2007.

Surya Rao Maturu



Iodised salt has its faithful proponents in the health sector, the Government of India and the World Health Organisation. In the face of the iodisation onslaught, a few determined activists are holding their ground demanding that they be given the right to choose between iodised and non iodised salt. Is iodised salt a necessity or an over rated health concern? The debate rages...

Surya Rao Maturu is an IIT-Kharagpur graduate and did MBA from IIM-Bangalore in 1979. He worked in the corporate sector for 15 years before opting out to pursue his interests in organic farming, Appropriate Technologies, Alternate Healing, Consumer Education and Networking with NGO's

In Memoriam: François Delange

Reproduced from IDD Newsletter Vol 5 Number 3

Basil Hetzel, Creswell Eastman, Claude Thilly



François Delange died on 15th June 2007 in Brussels following cardiac surgery. His death was a shock experienced by the thyroid scientific community throughout the world. François was a founding member of ICCIDD and served from 1986 as the first ICCIDD Regional Coordinator for Europe. He was an outstanding pediatrician and thyroidologist, particularly in the field of congenital hypothyroidism. He became Professor of Paediatrics at the Free University of Brussels.

He made a major contribution to iodine research in the Democratic Republic of the Congo, as part of the Belgian group led by Dr Andre Ermans and Dr Jacques Dumont. François was responsible for studies over a 10 year period on hypothyroid (endemic) cretinism as seen on Idjwi Island on Kivu Lake (see photograph on following page). His work attracted great interest and led to a visit to Idjwi Island by John Stanbury, a leading thyroid expert.

As Regional Coordinator for Europe, he made extensive country visits to establish cooperation with local scientists. In 1992, he organized the ICCIDD Regional Meeting in Brussels on 'Iodine Deficiency in Europe: A Continuing Concern'. He was Senior Editor of the report that provided the first comprehensive review of IDD status in European countries, including Eastern Europe.

In Germany, Merck KGaA had begun to use a mobile van with facilities for the determination of thyroid size (ultrasound) and storage of urine samples for iodine determination. François was consulted with a view to its use throughout Europe, and he was

enthusiastic about the idea. A collaborative team was established at the 1993 and 1994 meetings of the European Thyroid Association, and led to ThyroMobil campaigns on five continents: Europe, Asia, Africa, Latin America and Australia. The Thyro-Mobil model was used for the standardized evaluation of iodine nutrition in a total of 38,619 schoolchildren selected from 432 sites in 31 countries. For a detailed summary of the Thyro-Mobil program, please see: Delange F et al: 'The Story of the ThyroMobil' (Thyroid International 1/2007, Merck Serono).

In 1995, François became ICCIDD Executive Director, following Basil Hetzel. He led the important '7 Country Study in Africa' which investigated salt iodization programs and the occurrence of iodine induced hyperthyroidism, first reported from Zimbabwe in 1995. He was Senior Editor of an authoritative report of the 1996 WHO/UNICEF/ ICCIDD meeting on this topic, which resulted in more careful monitoring of salt iodine levels throughout Africa and the world.

In 1997, François organized a meeting on IDD in Europe, in Munich, including a series of papers on thyroid cancer from Eastern Europe following the Chernobyl disaster. Delange was Senior Editor of the Report of the meeting that led to increased support from UNICEF and WHO for new IDD control programs in Eastern Europe. His colleague, Gregory Gerasimov (who was Sub-regional Coordinator) played an important role in these programs, with strong support from UNICEF.

Following the 1998 ICCIDD Board Meeting, François was responsible for the revised ICCIDD Global Action Plan (1999-2001), emphasizing sustainability of country programs by effective monitoring of both iodized salt and urine iodine levels. This culminated in the 2001 ICCIDD/UNICEF/ WHO Handbook on the 'Assessment of Iodine Deficiency Disorders and Monitoring their Elimination-A guide for program managers' in which he played a major role. Beginning in 1996, François represented ICCIDD at the Sub-committee on Nutrition (SCN) of the UN Agencies, to which he reported each year as Executive Director.

In 2001, his magnificent contribution to ICCIDD was suddenly interrupted by illness (severe acute pancreatitis), which led to his resignation. In due course he recovered and continued to produce important papers, focusing on pregnancy and infancy, for which he was the major ICCIDD scientific resource. He was a frequent consultant for WHO, UNICEF, the International Atomic Energy Agency and Belgian Cooperation. It is ironic that, just a couple of months ago, after more than 30 years of scientific work and

lobbying of the Belgian government, François was informed that the government was ready to finally introduce legislation on iodine supplementation during pregnancy and lactation.

In early 2007, the ICCIDD Board of Directors nominated François for the newly established 'JT Dunn Distinguished Service Award' for exceptional service to ICCIDD and the elimination of IDD. This was fitting recognition of his outstanding contribution and was much appreciated by him. The ICCIDD Executive Group decided to further honor him by, in the future, naming the scientific sessions held by ICCIDD with the Regional Thyroid Associations the 'François Delange Scientific Symposia'.

Among other honors, he received the Merck Prize (ETA) and Doctorates (Honoris Causa) from the Charles University of Prague and Jagiellonian University of Cracow. His professional career, compassionate commitment and dedicated service in the cause of overcoming IDD cannot be overestimated.

We salute him with admiration and gratitude and extend our deep sympathy to his wife Nicole and other family members.

François was born in 1935, studied medicine at the University of Brussels and graduated with an MD in 1960. He became one of the few medical doctors to obtain double specialty recognition in 1981 (Pediatrics & Nuclear Medicine). His PhD thesis was completed in 1973.

François spent most of his professional career in the department of Pediatrics at the University Hospital Saint Pierre, until he retired at the age of 60, in 1995. This allowed him to pursue and develop his life long interest in IDD within ICCIDD.

François received many professional awards, including the ETA Merck prize in 1997, and authored or coauthored 12 books, 361 publications including original articles, chapters of textbooks, monographs, and proceedings of international congresses. His research activities began in 1960, and from the start, his interests were the clinical and experimental aspects of the physiopathology of pediatric thyroid disorders. His main interest was the study of Iodine Deficiency Disorders.

François was also a pioneer in the use of neonatal screening for congenital hypothyroidism (CH). Under his leadership, systemic screening for CH was initiated in Europe at the end of the 1970s, using TSH determination as the prime target. He had to fight hard with his American colleagues who, at that time, advocated total T4 determination as the main target of screening for CH.

A great clinical scientist, and for his wisdom, courage, idealism, scientific honesty, and witty sense of humor, François will be deeply missed by all those who knew him well, his many friends in Brussels and around the world, and probably even his few enemies. We feel honored to have been his lifelong friends.

Calamities Call for Iodised Salt Intake, Centre tells States Economy Bureau Posted online:

10 August 2007

Thiruvananthapuram, Aug 9: Calamity-hit States have been advised to be on the alert for the outbreak of iodine-deficiency diseases. Both climatic volatility and unexpected natural calamities could deplete the natural iodine content in soil, especially in land-locked States, says a recent report by the Union health ministry.

In a communique to all State governments and Union Territories, the ministry has alerted the possibility of outbreak of diseases like goitre. This would call for preventive measures like ramping up the consumption of iodised salt.

Even States with long coastline like Kerala, Tamil Nadu and Andhra Pradesh are urged that they should not be caught napping. Although exposure to sea could improve the iodine content in soil, the same States also have people living on inland hilly slopes,

where iodine shortage could be waiting round the corner. Following the ravage of Dengue, Chikungunya and other viral fevers, resistance to diseases is feared to be on a low point in South India this year.

In children, iodine deficiency could cause mental retardation, memory-loss and goitre. In pregnant women, it could manifest as miscarriages.

A six-month long campaign will be launched through primary health centres in various States, says the Union health ministry's directive.

Directorate of audio-visual publicity under I&B ministry has been asked to supervise awareness programmes. Seminars, documentary shows, medical exhibitions and health-quiz for students are planned around the iodine theme.

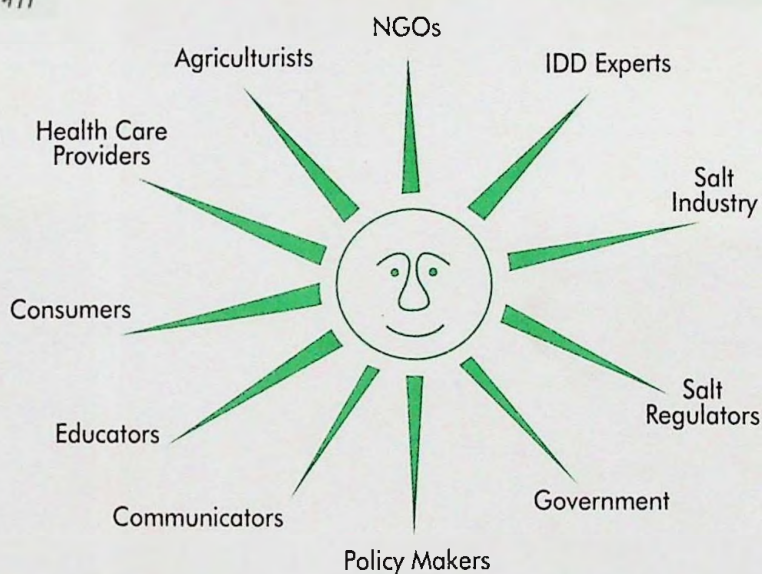
ABOUT BHARAT SCOUTS & GUIDES

The Bharat Scouts & Guides today is the largest voluntary, non-political, secular, uniformed organisation in the country, working in the field of character building of the young boys and girls in grooming them into enlightened citizens with the spirit of dedicated service to the community without any distinction of caste, creed and religion.

"Hamara Karam Ho Seva, Hamara Dharam Ho Seva, Sada Iman Ho Seva"
- (Let Service be our Deed, Creed & Faith)

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

Daily consumption of Iodised salt
is a healthy habit



Sustaining Elimination of IDD



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