

*The world is left to us NOT by our PARENTS  
It is LENT to us by our CHILDREN*

**We know you care for the children of India  
NOW IT IS TIME TO ACT**

**Please write before 24th January, 2000**

24th June, 2000

**To : Secretary Health  
Ministry of Health & Family Welfare  
Government of India  
Nirman Bhavan, New Delhi - 110011**

*"I would be hard-hearted enough  
to let the sick die if you can tell me  
how to prevent others from falling  
sick"*

*- Mahatma Gandhi*

*"Iodine deficiency is so easy to prevent  
that it is a crime to let a single child be  
born mentally ~~deficient~~ for that  
reason".*

*H. Labouisse  
Executive Director  
UNICEF, 1978*

22/5  
27/6/2000

*“With 70% of population having access to iodised salt, India, which adopted the policy of Universal Salt Iodisation, is on the brink of elimination of IDD as a public health problem. The decade of 90’s will be remembered how national governments, the salt industry, UN agencies, non-governmental organizations, scientists and practitioners from all sectors have collaborated in the global effort to reach the common goal of IDD elimination. The experience gained from such collaborative endeavour will open the door to new opportunities for accelerating progress in public health.”*

- *Prof. V. Ramalingaswami  
Keynote Plenary Lecture  
8<sup>th</sup> World Salt Symposium  
The Hague (Netherlands)  
9th May’ 2000*

# Universal Salt Iodisation (USI) in India :

## Issues, Facts, Implications and Recommendations - 1

Issues	Facts	Implications	Recommendations
<p><u>1) Iodised Salt : Compulsory OR Choice?</u></p> <p>Should we have compulsory Universal Salt Iodisation (USI) OR we should leave the choice to consumers?</p>	<p>1) Govt. own policy decision in 1984 taken by Central Council of Health</p> <p>2) India is a signatory to Convention on Rights of Children and a party to WHO/UNICEF/FAO decisions on Universal Salt Iodisation</p> <p>3) As of now, Over 110 countries in the world have compulsory USI</p>	<p>1) A Retrograde step, sinking 50 years of research and programme with one stroke</p> <p>2) Experience has shown time and again in India and elsewhere that withdrawal of USI leads to re-occurrence of Iodine Deficiency Disorders and brain damage in children</p> <p>3) Those who are Below Poverty Line and who suffer the most from brain damage due to iodine deficiency do not then purchase iodised salt</p> <p>4) India exports salt iodised salt to SAARC countries and many countries in Africa &amp; Asia</p>	<p>1) Continue with Universal Salt Iodisation</p>

## Universal Salt Iodisation (USI) in India :

### Issues, Facts, Implications and Recommendations - 2

Issues	Facts	Implications	Recommendations
<p><b><u>II) More employment OR unemployment ?</u></b></p> <p>It is alleged that many workers have been rendered jobless as a result of USI</p>	<p>1) No ban on production of common salt. In fact, it is a raw material for iodised salt</p> <p>2) Salt Department has given financial and technical assistance to form co-operatives</p> <p>3) USI has created NEW jobs. Every salt iodisation plant has created new employment opportunities. India has 850 salt iodisation plants.</p>	<p>1) NO ban on production of common salt .Continue to iodise salt as it has given rise to more employment.</p>	<p>1) Consolidation, expansion and monitoring of existing policies for support to co-operatives</p> <p>2) Provide marketing facilities to small scale salt producers</p>

# Universal Salt Iodisation (USI) in India :

## Issues, Facts, Implications and Recommendations - 3

Issues	Facts	Implications	Recommendations
<p><b><u>III) Iodised Salt : Refined &amp; Packaged OR Crystal and loose</u></b></p> <p>There is a general misconception that only refined and packaged iodised salt is effective</p>	<p>1) Iodised salt is equally effective even if it is in crystal form and sold in needed quantities from large 50 kg bags</p> <p>2) Only 17% of 42 lakh tons of iodised salt is refined and available in polypacks.</p>	<p>1) People wrongly attribute the rise in price of salt to iodisation. In fact, the rise in price is a result of refining and its packaging in 1 kg poly packs &amp; advertising</p> <p>2) A total of 83% of iodised salt produced in the country is crystal salt and is sold in needed quantities from 50 kgs bags. The poor in the country habitually consume only this salt.</p>	<p>1) The misconception on price rise as a result of iodisation should be cleared. The price rise is due to refining of salt, packaging and advertising</p> <p>2) Initiate a major drive for promoting use of crystal iodised salt packed in 50 kg bags and sold in needed quantities.</p>
<p><b><u>IV) Iodisation &amp; increase in price of salt</u></b></p> <p>There is a mistaken notion that iodisation has led to increase in price of iodised salt</p>	<p>1) Cost of iodisation per person per year is less than the price of cup of tea! (Only 50 paise per person per year)</p> <p>2) Major cost i.e. 70% of both common salt / iodised salt is for transportation and packaging</p>	<p>1) People compare the price of common salt sold loose with refined, packaged and branded salt. Compare like with like! The price of packaged common salt and packaged iodised salt are comparable.</p>	<p>1) Below Poverty Line population should receive iodised salt at subsidized rates</p> <p>2) Use Public Distribution System specially in rural areas for sale of iodised salt. In fact, over 13 states have already done it.</p>

# Universal Salt Iodisation (USI) in India :

## Issues, Facts, Implications and Recommendations - 4

Issues	Facts	Implications	Recommendations
<p><b><u>V) Universal Salt Iodisation OR Selective area-specific salt iodisation</u></b></p> <p>Where there is no iodine deficiency reported, there is a suggestion to leave the choice of buying salt to consumers</p>	<p>1) Indian scientists have shown that NOT even a single state or UT is free from iodine deficiency as a public health problem</p> <p>2) Iodine deficiency is present NOT only in sub-Himalayan areas BUT in pockets all over the country. In fact, more areas are being identified.</p> <p>3) Iodine deficiency disorders are EVEN present in Delhi, Mumbai, Chandigarh etc.</p>	<p>1) When there are two types of salt available - common salt and iodised salt, people mistakingly thinking it is cheap, buy the common salt. Not buying iodised salt will cost their life dearer than buying common salt.</p> <p>2) Consumption of iodised salt even for those with no iodine deficiency is TOTALLY SAFE</p>	<p>1) Continue and expand awareness programmes on IDD to cover all sections of society</p> <p>2) Continue with Universal Salt Iodisation</p>





PRESS RELEASE, 8<sup>th</sup> April, 2000

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This is matter of deep concern that a statement on behalf of the Prime Minister of India has been appeared in a newspaper recently that the compulsory iodization of the salt is going to be stopped in the country. It was also mentioned in the report that iodization of the salt is done on the behest of certain multinationals or the lobbies with vested interest. It is also a matter of concern that such an important socio-medical decision i.e. compulsory iodization of salt or removing it has been done by the Prime Minister only on sheer market forces. Indian Medical Association strongly support of unique universal iodization of salt throughout the country and for the same I am mentioning the following points :

**The Problem :** Iodine deficiency disorders are one of the most common public health problems throughout India. Iodine Deficiency Disorders can be easily prevented by consuming iodized salt, Iodine Deficiency not only cause Goitre, it can also result in implied brain development in the fetus and infant and retarded physical and psychomotor development in the child. Even a small amount of iodine deficiency can lower mental functioning. Iodine deficiency is the commonest preventable cause of mental retardation in the world.

In the last 50 years, many countries in North America, Asia, Europe and Oceania have successfully eliminated IDD, or made substantial progress in its control, largely as a result of salt iodisation with potassium iodine or potassium iodate and through dietary diversification. For example, in Switzerland, where salt iodisation began in 1922, cretinism has been eliminated and goiter has disappeared. There has been no evidence of any adverse effects from iodine intake in countries with routine salt iodization.

**Progress in India:** Substantial progress has been made in India in the production of iodised salt from 3 Lakh Metric Tons in 1983 to nearly 42 Lakh Metric Tons in 1997. Similarly, recent IDD surveys have revealed that more than 70 per cent of population is consuming iodised salt. Concurrently, the total goiter prevalence and incidence of neonatal hypothyroidism have also decreased. Estimations of urinary iodine exception levels amongst people in different states indicate that they have adequate iodine intake with iodization of salt.

Most salt is currently iodised according to reports on iodine content of salt samples analysed and received from different states through the Monitoring Information System (MIS) of the Salt Department. The production of iodised salt is increasing. Assessment of Thyroid Marker among goiter prone subjects countrywide show overall prevalence of thyrotoxicists of less than one per ten thousand population which indicate no increase in the prevalence of hypothyroidism among goitre zone subject to following salt iodisation. These findings indicate successful implementation of USI programme in India. Recently, the scientific journal "Nature" has commended the Indian Salt iodisation Programme as one of the most successful preventive public health programme amongst the developing countries.

**Safely of Iodized Salt** In 1970, the Food and Nutrition Board of the National Academy of Sciences, USA, estimated that a daily intake of 1000 mcg of iodine is safe. In 1980, American Medical Association noted that no adverse physiologic reactions were observed with iodine intake up to 1000 mcg per day in healthy adults. Average daily intake of iodine in Japan has been reported be 3000 micrograms which is 20 times more than the RDA value of 150 mcg in India. From the average daily intake of 10 g iodine fortified salt, the estimated availability of iodine would be 150 mcg of which about 30 per cent is lost during cooking. The remaining 105 mcg is ingested and from this about 70 per cent is absorbed by the body. This means approximately only 73.5 mcg is absorbed per day from iodine fortified salt. This quantity when added to the iodine consumed daily through food will be broadly comparable to the daily physiological need of the body. Indeed urinary iodine exception studies in the post iodisation phase show that all over the country, the level achieved following salt iodisation is not more than 300 mcg per day. Thus the level of iodine intake from iodised salt is safe in our country.

It is not correct to attribute skin reactions such as rashes and acne to iodised salt, Physiological levels of iodine intake do not cause "Iodism". For example among 20,000 children in the USA suffering from allergy during the period 1935-1974, not single case was reported of allergic hypersensitivity to iodine in food. Following publication in Annals of Allergy of a request for notification of allergy to iodine, not a single report was recorded between 1974 and 1980.

Daily iodine intake of upto 1 mg, i.e. 1000 mcg, appear to be entirely safe. Iodization of salt at a level that assures an intake of 150-300 mcg/day keeps iodine intakes well within daily physiological needs for all population, regardless of their iodine status. In India, daily consumption of 10 g of salt containing 15 parts per million of iodine would add a maximum of only 150 mcg of iodine. Thus, the likelihood of exceeding an iodine intake of 1 mg/day from iodized salt is quite small.

Whereas IDD is a public health problem in India;

Whereas it can be easily eliminated with the use of

Whereas it has been shown to be safe in India as in the rest of the world;

Whereas there have been objections raised by some ill informed groups on iodization of salt.

Indian Medical Association requests the Prime Minister and all the government agencies to take this important socio-medical issue having enormous impact on the public health not lightly and the compulsory iodization of salt should be the routine for the next century in the country which has no ill effect and extremely beneficial to the masses.

Dr. Prem Aggarwal  
Hony. General Secretary

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It is LENT to us by our CHILDREN*

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NOW IT IS TIME TO ACT**

**Please write before 24th January, 2000**

**To : Secretary Health  
Ministry of Health & Family Welfare  
Government of India  
Nirman Bhavan, New Delhi - 110011**

*24th June, 2000*

**PRESS INFORMATION BUREAU  
GOVERNMENT OF INDIA**

**PRESS NOTE**

**WITHDRAWAL OF RESTRICTION ON SALE OF COMMON SALT  
FOR DIRECT HUMAN CONSUMPTION**

As a part of its drive to prevent iodine deficiency disorders amongst the general public, the Central Government had issued a notification w.e.f. May 1998 making a mandatory for all manufacturers of edible salt to iodise their product. However, over a period of time, a strong view has been expressed that such a public health measure should not be enforced through statutory provisions. It has been widely perceived that any initiative in this regard to beneficial components of diet should be propagated through wide-spread publicity and dissemination of information. It has been argued that, on a point of principle, compulsion in such matters of individual choice, is undesirable.

Taking such perceptions into account, on 10.5.2000, the Central Government has issued a preliminary notification proposing a future withdrawal of the compulsory statutory iodisation of edible salt. The preliminary notification has prescribed a period of 45 days for receipt of views and suggestions of the general public in this regard. After expiry of this period of 45 days, the Government will consider all the views received and take a final decision in regard on this issue.

*Ministry of Health & Family Welfare, (Department of Health)  
New Delhi, Vaisakha 21, 1922, May 11, 2000*