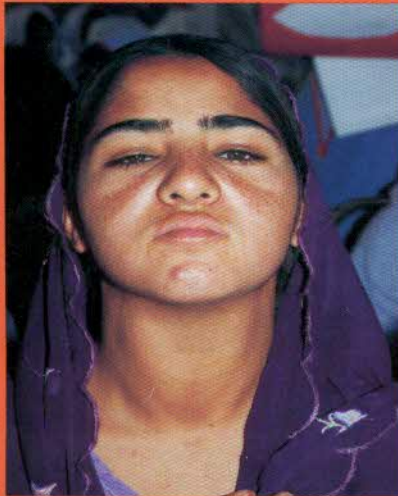


NEWSLETTER

Iodine Deficiency Disorders (IDDs)/USI

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aspect of life, have yet to realize the importance of issue. Some of the third world countries have done necessary legislation to make iodize salt compulsory, with very good

impact on public health. It was believed that other countries will follow their example but it has not come true. Pakistan with a huge number of people suffering from IDD is also part of the group where the issue of USI is not considered worth attention. One wonders why the government functionaries are not bringing the simple legislation.

The civil society is not pessimistic, despite clear disappointment and has been knocking at the doors of the policy makers to swiftly enact proper legislation, and will continue to advocate. It also hopes that the democratic government will take up the issues at the earliest.

Editorial: Unnecessary delay in legislation on USI

Dr Arif Azad
Executive Coordinator

Universal Salt Iodization (USI) is a key component to check Iodine Deficiency Disorders (IDDs), which is a primary reason for goiter, mental retardation and many other diseases. The advanced countries conscious of the basic responsibility to safeguard public health, have already achieved the USI goals and ailments associated with IDD have become history in these countries. But developing nations, including Pakistan, far behind as they are in every



IODINE; Its Need & Deficiency Disorders (IDD / USI)

By: **Dr. Syed Rizwan Ali**
Programme Coordinator (Nutrition)

What are micronutrients?

We all human being needs food composed of Carbohydrates, Fats and Proteins in 'large' amounts plus some vitamins and minerals for physical growth and continued energy source in specified form and quantity throughout life. Ironically imbalanced diet (both macro & micro) concept, poverty and ignorance make us to under estimate / ignore the importance of 'Micronutrients' like Iodine, Zinc, Iron, Folic Acid & vitamins. It is more unfortunate that we are not taught about the vital & 'life long implications of deficiencies' pertaining to these micronutrients. Who is responsible? Iodine deficiency is the leading preventable cause of brain damage;

- Deficiency in fetus causes cretinism
- Deficiency in neonate mental retardation
- Deficiency in Child impaired mental function
- Deficiency in Adult impaired mental function, delirium, dementia, apathy, fatigue, depression, psycho motor retardation
- Deficiency increases Infant & Maternal mortality rate

All these are preventable; BUT who will owe the responsibility?

The Scope of the Problem- When any body can have it?

Usually the most severe damage of iodine deficiency can occur during fetal development and in the first

few years of life. Globally, 38 million infants are born without the protection that iodine offers the growing brain, and a full 18 million are mentally impaired as a result.

Public Health Concern and Universal Approach

Health being a global concern, to avoid the problem and improving the status of health of all Nations especially more marginalized some 118 countries signed an agreement with the technical support of WHO and WFP to fortify ordinary salt with Iodine & start a campaign of Universal salt Iodization (USI)

Just imagine a family with low IQ children or mentally retarded kids! Mental, Physical Growth, cultural aspects, future scope of the kids in family or at large for the Nation??? Disorders verses cost implications and poverty and low literacy smiling over the ignorance for an avoidable problem that is just ignored! Health budget is too low to bear the long term implications.

How much Iodine is required in a day /in whole Life?

Equaling to a pencil point a day and a teaspoon full in our whole life is the total Iodine what we require. Imagine the deal? No one needs to be a business tycoon! By doing so little we can produce a most intelligent family and an intelligent nation at large. How simple the equation is!

Who has to do it; Public or civil Society?

The government being a signatory is not supposed to run only pilot project in pockets. Third world

developing countries having equal or even lower 'status' globally have adopted successful models through political commitment & ultimately achieved the targets well before deadlines. Political WILL with effective legislation and flawless implementation and monitoring is the key to successes.

We are unfortunate in this respect as government, even if willing to do so, red tapes of beaucracy being least interested in consumers interest and rights always jumps in to block public interest for the reason we all understand so well.

But the Civil Society and consumer rights organizations like 'The Network for consumers protection' are striving hard fearlessly for a healthy, intelligent and prosperous nation with bright future and thus are not ready to surrender at any cost and is capitalizing all possible ways and means with financial & human resources topped with clarity of mission and by applying skills to protect the nation from the clutches of this horrible and avoidable deficiency disorder of Iodine, such a minor 'enemy' but hampering millions and millions on earth.

Civil Society works in an integrated & collaborative fashion after developing a clear line of action and involving all stakeholders, including NGOs, CBOs, INGOs, public & political and media sector by forming alliances of all vital segments that can produce a dent in the visionary approach and influence priorities of the policy makers- yes they are our leaders and well wishers and surely we will make them to work in the best interest of a common man to change the faith of the nation! Are we sure this will happen???

Iodine Deficiency – silent killer/major health problem in Pakistan

By: Col (R) Prof Dr Muhammad Ashraf Chaudhry

Iodine Deficiency is the world's most prevalent yet easily preventable cause of brain damage. Pakistan is amongst the countries where iodine deficiency is a serious public health problem and is threat to the social and economic development of the country. A WHO survey on iodine status worldwide lists Pakistan as having "severe iodine deficiency" with 135 million people having insufficient iodine



intake and 50 million are suffering from iodine deficiency. Pakistan is rated 6th amongst the countries, where iodine deficiency is a serious health problem. According to UNICEF, 70% of total population of Pakistan is at risk of Iodine Deficiency Disorders (IDDs). More than 5 million children born every year in Pakistan are unprotected against brain damage.

According to National Nutrition Survey (NNS. 2001-02), only 17 per cent of the population uses iodized salt in our country, which is incredibly

low even if compared with countries with similar socio-economic conditions like Bangladesh (78%), and Nepal (98%).

Iodine is essential for the normal growth and development and well being of all humans. The whole spectrum of health consequences casually linked to iodine deficiency is collectively known as Iodine Deficiency Disorders (IDDs). IDD is most commonly seen among poor, pregnant women and preschool children. Effects of IDD on the baby in the mother's womb are in the form of congenital abnormalities (defects by birth), early deaths, brain damage, cretinism & deafness; effects on the child and adolescent are goitre (enlargement of thyroid gland), impaired mental function, stunted physical growth, short stature & diminished school performance; whereas effects of iodine deficiency on women are in the form of decreased fertility, spontaneous abortions and still births in pregnant women. Iodine deficiency can result in loss of 15 IQ points. The main factor responsible for iodine deficiency is a low dietary supply of iodine.

The addition of small amount of iodine to table salt in the form of potassium iodate at very little cost can help prevent the incidence of this serious disorder. Seafood is also a known source of iodine. Other sources of iodine are bread, grains, green vegetables, milk and eggs. Daily requirement of iodine for adults is placed at 150 micrograms per day or 5 gram (1 teaspoonful) of iodized salt per day. The most viable option is having Universal Salt

Iodization (USI) of edible salt across the country.

The Network, Ministry of Health, UNICEF and some other likeminded organizations have been striking to overcome this public health challenge and this has a positive impact. However, concerted efforts of civil society organizations including health professionals, teachers, religious leaders, social workers, salt producers/processors and policy makers are required in partnership to overcome this challenge.

Medical community could play a vital role in advocacy for the usage of iodized salt at the grass-root level. Medical professionals can make aware of the consequences of iodine deficiency and dispel any myths, disbeliefs or misconceptions associated with the use of iodized salt. "Iodine Deficiency is so easy to prevent that it is a crime to let a single child be born mentally handicapped for that reason".



Best practices worldwide to control IDD can be a case for Pakistan

By: Aasma Qamer

Iodine Deficiency Disorders (IDD) is a major challenge to the health and development of the people in the South-East Asia Region. In addition to causing goiter, dwarfism and other anomalies, it may result in stillbirth and miscarriages, brain damage and intellectual impairment. Despite several actions undertaken in the Region, the achievements in different countries vary significantly. The World Summit for Children passed a landmark resolution in 1990 to eliminate global iodine deficiency disorders (IDD) by the year 2000. Iodine deficiency disorders were first located and diagnosed in Japan and Switzerland was the first country which initiated to fight against this public health issue. However, Goiter has been known since the days of Lord Buddha and before.

Since the war against IDDs has been initiated the salt iodination is considered a strong measure to fight against the epidemic. Once iodination of salt is effectively established as a permanent measure, it eliminates iodine deficiency and prevents recurrence.

Country experiences indicate that effectiveness and sustainability of salt iodination depends on creating IDD awareness, ensuring easy access, promoting compliance in the industry, and enforcing quality control. Here are examples of few countries implementing an IDDs control program efficiently¹;

China. Since the start of the National IDD Elimination Program in 1993, total goiter rates for children

nationwide have declined significantly—from 20.4 percent in 1995 to 8.8 percent in 1999. The national mean coverage of iodized salt reached 93.9 percent in 1999, compared with 80 percent in 1995. The quality of salt at household level has also improved. Salt with iodine content of 20–60 parts per million increased from 30 percent in 1995 to 81 percent in 1999.

Madagascar. National progress in controlling iodine deficiency disorders has been encouraging. Coverage of iodized salt at the household level increased from zero in 1992 to 98.3 percent in 1999. Total goiter rates among primary school children fell from 45.1 percent to 7.1 percent during the period.

India. To address the core issues surrounding the acceleration of USI for eliminating IDD in India, an effective communication strategy targeting all the important stakeholders in the USI programme was devised and the relevant tools for its implementation are being developed. The strategy is geared to helping achieve by the end of 2007 two national objectives: (a) 90 percent of households are able to consume adequately iodized salt and (b) 100 percent of salt producing districts have mobilised producers/refiners to produce only iodised salt. In 1997, in a move to increase the sale and consumption of iodized salt, the government of India banned the storage and sale of common salt for human consumption. This move, though well intentioned may have been the cause for the protesting voices raised against USI, as the implementation of

this order by the government raised the question of choice by the consumers.

Bangladesh. Various information, education and communication (IEC) activities were undertaken to create awareness of IDD and iodized salt. Information Education and Communication materials were printed and developed, including TV spots; guidelines for establishing a quality control laboratory in salt mills to monitor the quality of iodized salt; leaflets on the salt law for salt mill owners and District Salt Committees; and posters explaining the harmful effects of iodine deficiency and IDD and the benefits of consuming iodized salt.

In 1989, the Government of Bangladesh passed a law making it mandatory that all edible salt be iodized. The law prohibits the production, distribution, marketing and selling of non iodized salt in the country, and stipulates that all salt for human consumption must contain 45-50 parts per pillion (ppm) of iodine at the time of production and not less than 20 ppm iodine at the time of retail. Defaulters of the salt law face a monitory fine (BDT 5000, approximately US\$ 85) and/or jail sentence (3 years).

Egypt. Legislation has been enacted in 1996 to ban production and distribution of non-iodized salt for edible purposes (human consumption). However, the legislation is not actively implemented because both iodized and non-iodized salt coexist legally.

¹ UNICEF. The State of the World's Children.2005. IDD NL 21(1):9, 2005 http://iodinenetwork.net/Resources_Regions.htm

Recommendations for Pakistan

- Right to safety from IDD is a fundamental right of consumers and citizens, which the state should fulfill. Government is committed but obstacles from different directions to safeguard someone's interest is not

allowing for legislation.

- Here below are few suggestions to control iodine deficiency disorders for a healthy Pakistan.
- Enactment of legislation in this regard
- To enforce the legislators by forming pressure groups in the shape of alliances of all stakeholders.

- Create demand at national level to increase immediate use
- Mass media campaigns to increase the iodized salt use
- To provide supportive environment to strengthen the efforts for controlling IDDs
- Ensure sustainable use of iodized salt through monitoring and evaluation system

Who is supposed to respond?

By Waheed Iqbal Advocate

Every citizen has a right to enjoy good health and this right has been recognized by international treaties. According to constitution of World Health Organization (WHO) "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, social and economic condition". The Declaration of Alma-Ata of "health for all" in 1978 and the Ottawa Charter for Health promotion in 1986 further embraced the need for social and economic inputs to improve the health of the population. The Universal Declaration of Human Rights (UDHR) of 1948 and the International Covenant on Economic, Social and Cultural Rights (ICESCR) in 1966 further enunciate the appropriateness of health and human right.

Constitution of Pakistan also recognizes the right of health of every citizen of the country, security of life irrespective of sex and age. Article 9 of the Constitution provides that "no person shall be deprived of life or liberty save in accordance with law". The word life is used in Constitution in wide sense and it is

interpreted by apex court in Shehla Zia Case. In the words of Supreme court: "The word life is very significant, as it covers all facts of human existence. The word life has not been defined in the Constitution but it does not mean nor can be restricted only to the vegetative or animal life or mere existence from conception to death. Life includes all such amenities and facilities which a person born in a free country is entitled to, enjoy with dignity, legally and constitutionally". (PLD 1994 SC 693)

The word life in terms of Article 9 of the Constitution is so wide it would applied where life of citizens is degraded, the quality of life is adversely affected and where there are health hazards. It is a fundamental right of every citizen of this country to have best nutrition and it is the state's responsibility to protect him from malnutrition when it is medically proved that deficiency of iodine is hazardous for human health and life, the state is constitutionally bound to take step in this regard.

Despite the fact that in Pakistan 2 million children are annually born with iodine deficiency the cabinet division has rejected the draft of Iodine Deficiency Disorder (IDD)

Control Bill 2009, which was formulated by health ministry, on the grounds that after the law's enactment the salt industry may face a crisis.

The cabinet division in its official memorandum stated: "The justification furnished therein in support of the IDD Bill is not sufficient as the health ministry has singled out only one health-related item. Whereas, there are many health-related issues like immunization of children, waterborne diseases, etc."

It is very strange that without assigning any reason, the cabinet division described the proposed law as a discriminatory and expressed apprehension that even if it was made an act of parliament it would be subject to judicial review.

Why the state is reluctant to performing its constitutional obligations when it is clearly proved that Iodine deficiency is major cause of physical and intellectual impairments like cretinism and goiters. Who is responsible for blocking this public interest law? There is deep silence but there is a big sign of interrogation, unfortunately no one is ready to answer!

Activities performed by TheNetwork

Policy Advocacy

IDDs law draft has been presented in the cabinet for notification. Promulgation of IDD Control Act 2009 is being advocated and promoted through awareness, advocacy and mobilization among different sections.

Monitoring of the implementation

A Market survey on use of iodized salt by selected large consumer; quantity currently used in Islamabad & Rawalpindi completed

Professionals on USI-IDDs formed on (15th Oct 2009). Health professionals of all public and private hospitals of Twin cities are the members of this alliance and support USI for IDD control.

4.National Alliance of Large consumers on IDD (15th January 2010) is represented by Hoteliers, food chains, bakeries, caterers, food and beverage depts. of universities and hostels, salt producers, supported by UNICEF, Nutrition Wing & Micro Nutrient Initiative.

Follow up meetings conducted with National Alliances of Civil Society, Media and Large consumers to view the progress made so far.

Rawalpindi Medial College and Holy Family Hospital, said Pakistan was 6th on the list of most iodine deficient countries. She said 50 million people were suffering from IDD and 6.6 million were severely affected.

Sheba Afghani of UNICEF said usually IDD is known by the goitre but it is just one of diseases caused by iodine deficiency and a number of other diseases including, mental retardation, IQ loss, and micro-nutrient deficiency were also caused by it. She said government should pass legislation for iodine and



Follow Up meeting of National Alliance of Health Professionals (HPs)

ISLAMABA, MAY 10: During the meeting on Universal Salt Iodization (USI) it was demanded from the government to immediately introduce legislation for mandatory mixing of iodine in the salt.

Pakistan Muslim League (N) lawmaker and member of parliamentary standing committee on health Dr. Tariq Fazal Chaudhry, who presided the meeting, pledged full support for early legislation. "I will use my powers to discuss the issue in the standing committee and also in the national assembly and try for quick legislation as it is human issue," he said. Executive Coordinator The Network, Dr. Arif Azad said it was tragic that iodine intake in Pakistan was just 17 per cent whereas in Bangladesh it was 57 per cent, and urged the participants to work for USI.

Dr. Hina Ayesha, head of Paeds in



UNICEF was playing its due role for it. Dr. Syed Rizwan of TN described the Public Health Perspective on IDD and showed a road map as a successful model for controlling IDD in Pakistan.

The meeting also set up a committee of the doctors to further coordinate efforts of the alliance and health professionals and work together for USI. The meeting also asked the doctors to put special stamps on the prescription showing legible short writings about importance of USI.

Alliance Building

Following alliances formed and strengthened:

1.National Alliance of Media on USI/IDDs formed on (30th Sept 2009) and has Large number of print and electronic media representation

2.National Alliance of Civil Society for protection & promotion on USI-IDDs and consensus built to advocate both issues (29th Sept 2009)

3.National Alliance of Health



Sensitization session on USI-IDDs with Hotel management trainees at Hashoo Foundation

Two hour session conducted by Dr Rizwan Ali was attended by 27 participants.



Advocacy with parliamentarians on USI

An advocacy letter sent to 68 parliamentarians to draw their attention towards iodine deficiency disorders in Pakistan and the dire need to have Universal Salt iodization to control disorders in iodine deficient Pakistanis through legislation.

Field visit: 'Natha village' of 'Kalar Saedan': A highly iodine deficient area

Severe iodine deficiency problem was highlighted by a partner, Ms Naeem Gul, during our recent follow up meeting of National Alliance of Large Consumers on USI. TheNetwork fact finding team wasted no time and visited Village Natha, Tehsil Kalar Saedan situated at the outskirts of Islamabad and found out a large number of people especially women and girls of all age bracket being severely iodine deficient. Most of the population is suffering from large GOITERS and are not using Iodized salt as a quack disinforming them of presence of Family Planning material in it.

Dr. Rizwan explained the problem of

iodine deficiency, its clinical aspects and explained the issue from the public health perspective. He emphasized that to save future generations from this problem; iodine deficiency can be eliminated through regular use of iodized salt. Salt in house hold usage of the community was also shown for not being the iodized one.

Dr Arif thanked the villager and assured them to resolve the issue by highlighting it in front of policy makers as a ground reality to be taken serious notice of.

The team also visited the shops and few families. The villagers showed a serious concern over the iodine deficiency among girls and non availability of iodized salt.

The villagers conveyed serious grievance over the ignorance of the issue by local and higher authorities



(Chaudhary Nisar Ali Khan MNA and Raja Qamar Islam MPA).

Letter was sent to Chaudhary Nisar Ali to highlight the issue and desire to have a meeting with him to further advocate the strong need for IDD's legislation. Media activity planned for Media persons to highlight this issue and place it on legislative agenda through a press conference.

Awareness raising Global IDD's Day (23rd Oct 2009)

1. IEC material on IDD's/Banner Display: Poster, leaflet, FAQs, Fact Sheet, banners were designed & displayed

2. TV Program: aired on 'Aaj TV' to



reach the masses

3. Media Tool Kit developed & issued



MEDIA SCAN

Gulf Cooperation Council countries to declare their countries free Of Iodine deficiency disorders

Mar 25 2010A meeting attended by experts from the International Council for Control of Iodine Deficiency Disorders (ICCIDD) and GCC countries was held on 18th of March in Kuwait to discuss the situation of micronutrient deficiencies in the region with focus on Iodine defiance disorder.

UAE health ministry tackles IDD

Mar 02 2010

Using a high-profile news conference in Abu Dhabi, Dr Mahmood Fikri, and Executive Director for Health Policies at the Ministry of Health of the United Arab Emirates affirmed the priority of his ministry in combatting iodine deficiency disorders. Izzeldin Hussein, the ICCIDD regional official, participated in news conference. Gulfnews.com carried the story

Health Ministry move to eliminate iodine deficiency disorders (Source news)

Abu Dhabi: The Ministry of Health presses ahead to promote optimal iodine nutrition and the elimination of iodine deficiency disorders

"The Ministry of Health, which aims at declaring the country free of iodine deficiency which depresses IQ by 10 to 15 points, conducted a national study on this disorder in cooperation with the World Health Organisation "WHO", Dr Hanif Hassan, Minister of Health, told a press conference.

Progress in Bali Feb 24 2010

Rogers & Hammerstein's "South Pacific" painted Bali as a tropical paradise and, in many ways, it is. But until its iodine nutrition problem was addressed, life for many on this Indonesian island was less than optimal. A story in the Jakarta Post recounts the achievements of English engineer David Stone.

Vietnam celebrates use of iodized salt Nov 05 2009 Vietnam celebrates use of iodized salt

November 2 was the official day recognizing the importance of using iodized salt proclaimed by the government of Vietnam.

Deputy prime minister Truong Vinh Trong reminded that Vietnam had made a major effort to eliminate IDD between 2001 and 2005, reaching the 90% goal

Salt Symposium/Chinese Ministry of Health meetings highlight September

Sep 21 2009

Many ICCIDD members were on hand for the 9th International Symposium on Salt held in Beijing in early September. With all these iodine experts available, China's Ministry of Health organized a side meeting to discuss its progress and plans. See ICCIDD Regional Coordinator Chen Zupei's report.

Symposium on 'Geographical and geological influences on nutrition' Iodine deficiency in industrialised countries

Conference on 'Over- and undernutrition: challenges and approaches'

on 30 June–2 July 2009, The Summer Meeting of the Nutrition Society, was held at the University of Surrey, Guildford.

Secretariat for IDD Elimination formed in Egypt

As a result of the Round Table "Challenges Strategies and solutions to achieve sustained elimination of iodine deficiency disorder in Egypt" organized by ICCIDD and UNICEF in March 2009, to establish the national IDD secretariat, the Government announced the reaction of a Secretariat housed in the National Nutrition Institute to coordinate all activities relating to achievement of USI and to achieve sustained Elimination of IDD. UNICEF has agreed to finance the costs for its first year.

Hetzel awarded prestigious Pollin Prize for "Pioneering research in iodine deficiency"

Jun 05 2009

Basil S. Hetzel, AC, MD, FRCP, emeritus professor of medicine at the University of Adelaide, Australia and the first/founding Executive Director of ICCIDD, has been honored to receive the 2009 Pollin Prize. The award ceremony was held in New York City this week.

Historical milestones for ICCIDD

1985: ICCIDD was founded as a non-governmental scientific and technical support organization with support from UNICEF Regional Offices in Delhi and AUSAID.

1987: The United Nations Sub-Committee on Nutrition establishes an IDD Working Group to receive an Annual Report of Progress.

1990: The 43rd World Health Assembly recognizes IDD Elimination as a priority and USI as the recommended strategy to achieve it nationally. The UN World Summit for Children, attended by 71 Heads of State and senior officials of an additional 15 Member States, adopts a plan action that includes the virtual elimination of IDD by the year 2000.

1991: Ending Hidden Hunger (A policy conference on Micronutrient Malnutrition) Montreal, Canada.

1993: The National Advocacy Meeting in China stimulated by ICCIDD and others launched the largest USI and IDD Elimination effort in the world with an Advocacy Event by the Prime Minister in the Great Hall of the People.

2000: Salt2000 the major gathering of industrialists in the salt trade endorses USI and IDD Elimination. At a Round Table during the Meeting, leaders of all major agencies agreed to form a Global Network for Sustained Iodine Nutrition: ICCIDD, WHO, UNICEF, Salt Institute, EuroSalt, Kiwanis International, Micronutrients Initiative, Emory University, USCDC.

2002: UNGASS: United Nations General Assembly Special Session on Children. ICCIDD attends and helps to draft strongly endorsed commitment of Member States on USI as a strategy to eliminate IDD and endorses the goal of the Global Summit.

2005: ICCIDD attends and works with Delegations at The World Health Assembly which adopts Resolution 58.24 in May to require all Member States to report every three years on iodine nutrition status, the first ever.

2007: As an NGO in Consultative Status with the UN, ICCIDD leads the effort of the Global Network in a Special Event at UNGASS II called to review progress on children; 20 Member States attend at senior levels.

2008: Iodization of salt to eliminate IDD is seen by the Copenhagen Consensus as one of the most economical efforts in international development.

