## THEVEWS

Saturday, October 7, 2006

## **Iodine deficiency** an easy solution made difficult

## Shahina Magbool

ISLAMABAD: Faulty and inefficient distribution mechanism of potassium iodate — the chemical used to convert plain table salt into iodised salt — is responsible for Pakistan's abysmal progress in addressing the huge public health problem of iodine deficiency, points out a survey released by The Network for Consumer Protection here Friday.

Iodine deficiency is a serious public health problem in Pakistan. According to the Pakistan Journal of Medical Sciences, 50 million people are suffering from iodine deficiency. Of these, 6.5 million are facing the severe form of deficiency. Up to 90% of the population of the hilly areas of NWFP, AJK and Northern Areas and numerous pockets of the population in Punjab is iodine deficient. Over one-third women of reproductive age and children below five suffer from severe iodine deficiency.

Ironically, only 17% of the overall population in Pakistan uses iodised salt, which is incredibly low even if compared with countries with similar socio-economic conditions like Bangladesh (78%) and Nepal (93%).

Most of the developed and developing countries took concrete and timely measures including the promotion of a culture for iodised salt consumption. China. India and Iran marked a rousing success. In China, iodised salt con-

cent in just five years. Ninety-five per cent Iranians, 70% Indians and 78% Bangladeshis use iodised salt in their daily diet.

Pakistan started an aggressive media campaign for replacement of plain table salt with iodised salt back in 1994 but the six-year long

sumption rose from 39 to 95 per ments at a subsidised rate of lages suffer from goiter. Rs150 per kg. The health departments, however, have failed to institute an efficient system to make this chemical available to the numerous salt mills spread across the country.

> The Punjab health department did make a half-hearted attempt to

The number of iodine deficient people in the world is also increasing day by day. According to WHO estimates, 655 million people faced iodine deficiency in 1990 - the number has now risen to 1 billion. In many countries, the preparation, sale and import of non-iodised table salt is prohibited under the law.

International health agencies have made numerous attempts to lobby the Government of Pakistan to enact a similar law. However, since the sale of goods comes under the jurisdiction of the provinces, such laws have to be separately enacted by provinces. While NWFP and Balochistan have enacted laws in this regard, Sindh and Punjab have been reluctant so far.

The Micronutrients Initiative (MI) has now assumed responsibility of promoting iodised salt in Pakistan, initially in eight districts. MI hopes to make KIO3 available at the district level through the executive district health officers. The agency has also prepared a pre-mix of KIO3 that can only be used to iodise table salt and would block its black-marketing for other industrial and commercial uses. While it will take a few years to ascertain the impact of the strategy adopted by MI, it would not been an overstatement to suggest that unless a nationwide campaign is initiated, the widespread use of iodised salt in Pakistan will remain a distant dream.

## Only 17% of Pakistani population consumes iodised salt as against 93% in Nepal, 78% in Bangladesh and 70% in India

exercise did not succeed because instead of identifying the real causes behind the failure of a wonderful public health initiative, officials at the helm of affairs shifted the blame squarely on the ignorance of illiterate masses and negative propaganda.

In Pakistan, table salt is processed and distributed by very small units or salt mills ('chakkis'), which are found aplenty in every nook and corner of the country. Even a village with a population of 7,000 can have its own mill catering to the needs of shops in the surrounding areas. Big grocers in towns also install their own salt mills. It takes only a fraction of a paisa to iodise one kilogram of salt but the chemical used to iodise plain salt - potassium iodate — is simply not available.

UNICEF has been importing potassium iodate and providing it to the provincial health depart-

improving its supply system by involving a private distributor but the initiative fizzled out after allegations of potassium iodate being black-marketed.

Iodine is a mineral element required in minute quantity by the human body. A spoonful of the substance is all that human beings need for their entire life span. Its deficiency causes goiter and a host of health problems such as lethargy, low level of physical energy, low intelligence, irreversible mental retardation, and reproductive health problems like still births and miscarriages.

Iodine is found naturally in the soil but has, over millions of years, been washed down and away from the surface of mountains through running rain and river waters and in planes by continuous floods. There are extreme iodine deficiency pockets in Okara, Pakpattan, Jhang and other districts where entire vil-