

Mechanism needed to deal with iodine deficiency

By Our Staff Reporter

LAHORE, Oct 6: The faulty and inefficient distribution mechanism of potassium iodate is behind Pakistan's abysmal performance in addressing the huge public health problem of iodine deficiency, says a report prepared by a non-government organisation (NGO) working for consumer rights in Pakistan.

The chemical named potassium iodate (KIO₃) is added to plain table salt to convert it into iodised salt, says the report released by The Network for Consumer Protection on Friday.

Pakistan is rated among the countries where iodine deficiency is a serious public health problem. According to a recent research published in the Pakistan Journal of Medical Sciences, around 50 million people are suffering from iodine deficiency, 6.5 million of whom are facing severe type of deficiency. Up to 90 per cent population of hilly areas of the NWFP, Azad Jammu and Kashmir and the Northern Areas and numerous pockets of Punjab is iodine deficient. Over a third of women of reproductive age, and children below five suffer from severe iodine deficiency.

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

"Pakistan started an aggressive media campaign for replacement of plain table salt with iodised one in 1994. Six-year long exercise, however, began and ended on TV screens. Experts analysing the marked failure pointed towards a number of issues. But people at the helm of affairs opted to blame the failure on just one factor — rumors that the iodised salt was an imperialist conspiracy to covertly control the population of a Muslim country," says the report.

"This rumor did make rounds

in public. But then such things are said by certain elements about each and every thing. It is wrong to assume that people blindly follow all such propaganda. Our experience tells us that the failure of the campaign for iodised salt has been unduly blamed on this conspiracy theory," the report quotes Mohammed Asif of the Punjab Lok Sujag, an organisation that runs a campaign against iodine deficiency disorders in Okara, as saying.

The easy option of blaming it on ignorance of illiterate people has moved the focus away from the real causes of this disastrous failure of a wonderful public health initiative, the report insists.

Table salt in Pakistan is processed and distributed by very small units — chakkis or salt mills. These mills are everywhere. Even a large village of over 7,000 people can have its own mill providing salt to village shops. Big grocers in towns also install their own salt mills, points out the report.

"It takes next to nothing to iodised salt in terms of cost. A fraction of a paisa is the expense of iodising one kilo salt. But this seemingly favourable economy is not without problems. The chemical used to iodise the plain salt, potassium iodate, is simply not available.

"UNICEF has been importing potassium iodate in Pakistan and providing it to provincial health departments at a low price of Rs150 per kilo. The health departments however never bothers to institute an efficient system to make this available to the small and numerous salt mills spread across the length and breadth of the country. You cannot expect a small rural salt processor to travel to the provincial capital, file an application to the health department and contest the great bureaucratic hurdles race and come out as a winner with one kilo potassium iodate as a trophy," adds the report.

The report says the health department made a half hearted

attempt a few years ago at improving its supply system by involving a private distributor. But that distributor incidentally happened to be a close associate of a health official and the initiative fizzled out after allegations of potassium iodate being black marketed (the open market price of the substance is Rs2,000 per kilo while the subsidised UNICEF price has been Rs150 per kilo).

"A new international agency Micro-nutrients Initiative (MI) has now taken over the responsibility of promoting iodised salt in the country. The agency is working closely with the federal ministry and the provincial departments and has set eight districts as its initial target. The agency is hoping that it will make the vital substance KIO₃ available at the district level through executive district officers (EDO-health). 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," says the report.

The report adds: "It will take a few years to really know the impact of the new strategy adopted by the new international agency. But the initiative does not seem to be a comprehensive, nationwide campaign and wide spread use of iodised salt by people still looks like a distant dream."

The preparation, sale and import of non-iodized table salt is prohibited in various countries by law. There have been many attempts by international health agencies to lobby the Pakistan government to enact law making it compulsory for all salt processors to iodise salt. Since sale of goods comes under the jurisdiction of provinces, the iodised salt has to be enacted by the provinces separately. The NWFP and Balochistan have enacted laws in this regard but Sindh and Punjab have been reluctant.