

Eliminating iodine deficiency in Central Eastern Europe, Commonwealth Independent States and the Baltics

A progress report on activities in 2003

February 2004



Students in grade 11 learn about iodine deficiency, the importance of iodized salt and test the salt from their homes for presence of iodine (Ekaterineburg, Russian Federation).

Introduction

The CEE/CIS/Baltics region has for many years had the lowest salt iodization levels in the world. By 2000 only 26% of households were using iodized salt. UNICEF Regional Office (RO) made elimination of IDD a regional priority in 2001 and has accelerated activities towards Universal Salt Iodization (USI) since then. In 2003, progress has been substantial, with an observed increase in production and use of iodized salt in several countries. The most recent preliminary results available from several national surveys suggests that around 43%¹ of households in the region are now using iodized salt -- a marked increase since 2000. Donor funding has been key in achieving this progress and has been used for a wide range of activities, particularly in building political commitment, strengthening monitoring and enforcement mechanisms, as well as for raising consumer awareness and training those who act as channels of information to children and women. In view of the lessons learned worldwide, special attention was paid to the sustainability of salt iodization and national ownership.

In 2004, UNICEF Regional Office will focus on building capacity in programme management, documenting lessons learned, sharing experiences and expertise across countries, on structuring the approach for awareness raising and increasing acceptance of iodized salt, and on strengthening UNICEF's regional oversight and monitoring function. Further funding will be required to sustain the process set in motion and achieve the goal of sustainable elimination of IDD by 2005.

Regional overview, main achievements, constraints, future plans

Elimination of Iodine Deficiency by 2005

The goal to eliminate IDD by 2005 through USI has been committed by all governments of the region at the United Nations Special Session on Children in 2002. The indicators used for measuring elimination of iodine deficiency include use of iodized salt by households and the iodine status of the population. In addition, there are several important aspects that need to be ensured in an effective and sustainable iodine elimination programme that will be further elaborated below. Annex 2 provides an overview by country of all crucial components of IDD elimination efforts.

Progress towards the goal in CEE/CIS/Baltics Region

The first country in the CEE/CIS Region where IDD has been eliminated is the **Former Yugoslav Republic of Macedonia**. In May 2003, a team of experts nominated by ICCIDD, UNICEF, WHO and the Network for Sustained Elimination of IDD, assessed all aspects of the National IDD Programme and concluded that the National Committee for Iodine Deficiency had succeeded in tackling a historically significant problem, bringing iodine intake into the range of iodine sufficiency.

Turkmenistan has increased the iodization level of salt in 2003 based on results of a survey showing inadequate iodine status despite the high use of iodized salt. A national survey will be carried out early 2004 to confirm its achievement of IDD elimination.

¹ Unofficial data, not to be used for publication or quotation

Armenia, with a high use of iodized salt and an adequate iodine status of its population but without USI legislation, has submitted a law for approval by Parliament that is expected to be adopted in early 2004.

Results of a recent survey in **Bulgaria** indicate that the country has eliminated IDD with 98% of the population using iodized salt and a median UI among women of 191 mcg/L. (100 mcg/L is the minimum requirement).

Kosovo² has attained high use of iodized salt and adequate iodine status but requires to make the success sustainable through improving monitoring and awareness raising of the population.

In **Ukraine**, results of the national IDD/USI survey showed that iodine status is below the threshold of iodine sufficiency. Like in **Russian Federation**, without USI legislation progress is limited. In both countries, however, support for USI legislation is increasing among high level politicians.

Production and supply of iodized salt

By the end of 2003, **iodized salt production and use** increased in most countries of the region. Results from national surveys in 2003 revealed increased use of iodized salt by households in Ukraine (from 5% in 2000 to 31%), Turkey (from 18% in 1999 to 64%), Georgia (from 8% in 1999 to 67%), Former Yugoslav Republic of Macedonia (80% in 2002 to 90%), Tajikistan (from 20% in 2000 to 28%), and Bulgaria (98%).

Production of iodized salt in the region as a whole increased. In Russian Federation more than one third of the edible salt and in Belarus over 50% is now being iodized.

However, while iodized salt production is increasing and efforts are being made to promote iodized salt, this does not mean that **iodized salt is available** in all retail outlets. Russian Consumer Organization CONFOP found in 2002 that only 40% of all retail shops had iodized salt for sale. UNICEF encourages monitoring systems to include this important aspect of the iodized salt supply. Extensive communication efforts in Romania, Uzbekistan and Russia focus on retail shop owners to build awareness and increase availability of iodized salt.



Packages of iodized salt should be clearly recognizable for example through a logo and a message about its benefits.

² currently administered by the United Nations pursuant to Security Council resolution 1244

Cost and price issues of iodized salt

No comprehensive overview can be presented for countries in the region on the price increment due to cost of production of iodized salt and profit margin for traders and retailers. Some observations and lessons learned can be shared.

The production cost for iodizing salt is small, in the margin of 1-5 % of total production cost. The difference in sales price between iodized and non-iodized salt ranges between no price difference to sometimes 3-10 fold. It may be difficult to identify what determines the eventual price paid by consumers but the following factors are of influence:

- Iodized and non-iodized salt often are produced by different companies. As iodized salt tends to be produced by bigger companies with more resources, a better quality of salt and better packaging therefore leads to a higher sales price.
- Traders and retailers increase the price of iodized salt because of its attributed health benefits. A direct result of product promotion and awareness raising campaigns often results in a price increase not directly related to actual costs of production and transport.
- Countries that import salt often receive iodized salt packaged in small bags while non-iodized salt arrives in bulk and is packaged locally. The price paid for imported iodized salt is therefore much higher. This is the case for Georgia, Moldova and other countries that import iodized salt from Ukraine.
- Production of iodized salt is sometimes subsidized, in different ways. For example, UNICEF and ADB support salt producers in procurement of potassium iodate and other investments required (equipment, training, laboratory supplies, etc.). This type of support is discouraged because of sustainability concerns so support is changing to establishing revolving funds, assistance with procurement of potassium iodate, and establishment of salt producers associations. Governments in some countries (for example Georgia, Belarus) subsidize iodized salt production or import through tax exemption or other measures. The price paid by consumers is influenced by the subsidies.
- In some countries (Russia) no price difference exists between iodized and non-iodized salt. It is likely that salt producers compensate the cost for iodizing salt in the price of both types of salt.
- In some countries consumers choice of type of salt is affected by the price differences while in others it does not. The responsible mechanisms would require more investigation.

A crucial element in our effort to eliminate IDD is our determination to push for a situation where iodized salt is the only salt available in the market. In the countries where we have succeeded, the issue of price difference between iodized and non-iodized salt has become irrelevant. The competition has evolved into a competition between brands and qualities of iodized salt.

Political Commitment and legislation

Successful achievement of USI depends greatly on **political commitment** of key decision makers. Results are encouraging but differ between countries. In order to renew commitment among high level political leaders an international meeting was organized by UNICEF, ICCIDD and the Chinese government in China in October 2003. Nine countries from the CEE/CIS Region sent high level delegation to this important meeting. Commitment was indeed renewed as demonstrated by the new push for USI legislation in Uzbekistan and the more active role taken by the Deputy Minister of Health in Russian Federation. During the World Health Assembly side meetings were held between the UNICEF Regional Director and Ministers of Health of key countries to discuss the main obstacles to IDD elimination in their countries.

Regional Goodwill Ambassador Mr. Karpov has helped build support for legislation through his high-level public profile and political contacts in Russian Federation and Ukraine. In Russian Federation draft USI legislation was officially submitted to the State Duma in October 2003 and the first reading of the draft law will take place at the spring session in 2004.

High level advocacy for political commitment made visible through **USI legislation** remains the main priority in Russian Federation and Ukraine. Creative approaches are being pursued through building commitment at regional (oblast) level in Russian Federation. A successful meeting held by the Public Coordinating Council in Ural Region led to full involvement of the regional government in USI advocacy at national level.

In **Uzbekistan** USI legislation has been drafted but not been adopted by the Government. In Lithuania, the National Health Board discussed USI legislation and agreed on its concept. In 2004 adoption and enforcement will be the main priority.

In **Georgia**, UNICEF held a meeting in January 2004 with the First Lady of the newly elected President. She has reacted positively to UNICEF's request to advocate for USI legislation and an effective reinforcement system.

In **Kazakhstan**, USI legislation was adopted and signed by the President in October 2003. This is a major step forward and increase in use of iodized salt (currently 29%) can be expected.

In **Belarus**, a mandatory law exists for all salt for food processing, but not for table salt. Advocacy efforts attempt to improve the law incorporating all edible salt.

The **enforcement** of USI legislation is a main weakness in many countries due to the absence of authority and the lack of capacity to monitor adherence to the law. In these situations, efforts that aim to focus on increasing iodized salt without strengthening the enforcement system are generally fruitless. For example, tax exemption for import or sale of iodized salt is often introduced, but there are no mechanisms in place to ensure compliance. As a result, non-iodized salt is imported, packaged or sold as iodized salt.

In **Kyrgyz Republic** mandatory law is in place but enforcement is weak. As a result counterfeited iodized salt (which is in fact non-iodized technical salt) appears in the market. Law enforcement is a area of concern in several countries. Solutions are not easy to find, but advocacy for commitment from high-level decision makers needs to be more strongly pursued. Enforcement should improve if such advocacy is combined with the involvement of stakeholders in alliance building, with awareness raising activities and with training on monitoring and inspection for customs, salt traders, retailers, salt producers, and inspection officers.

Awareness raising and ensuring acceptance of iodized salt

As the approach and quality of **communication activities** vary greatly between countries in the Region, UNICEF commissioned a review of IDD communication activities in 9 countries in the region conducted by the Johns Hopkins University (the final report is attached). The review provided the following conclusions:

- There is a lack of capacity in the area of programme communication in UNICEF at country level
- The private sector has not been utilized to its full potential as a channel for IDD communication, for example through messages and a logo on the iodized salt package, or through distributing communication materials (posters, leaflets) through retail shops.
- Health communication campaigns should incorporate messages on IDD and iodized salt;

- Communication messages on IDD and iodized salt 'good for health' are too broad and have to compete with several other health related messages. Messages should focus on the effect iodized salt has on intelligence and school performance;
- Communication activities needs to be scaled up in many countries in order to achieve the programme's objectives to achieve USI;
- Communication activities to increase use of iodized salt are of low value in absence of USI legislation. Promotion of iodized salt with the aim to increase its use without the necessary "push factor" from the government in the form of legislation has limited effect and is not sustainable.

Outcomes of the assessment have been gradually incorporated in programme communication activities. In particular, the private sector is being used more actively to pass messages to the consumer (Kazakhstan, Russian Federation, Uzbekistan, Romania, Kyrgyz Republic) and is stimulated in other countries.

The **sustainability of awareness raising** and increasing acceptance receives more attention in a structural way. In 2003, curriculum on IDD and USI has been incorporated in primary and medical schools in several countries as well as messages on the iodized salt package.

Involvement of communities and school children in social mobilization is well demonstrated in Uzbekistan where 6 million school children were included in a campaign where the salt brought from their homes was tested for presence of iodine. The campaign had a powerful effect on the community as a whole.

More **support** is required **for IDD communication**, however, and donor funds provided to the Regional Office will be used to develop tools to facilitate development of messages, and to conduct assessments and studies. In addition, the Regional Office is in the process of recruiting a Regional Programme Communication Officer who will focus on IDD in addition to other programme areas.

In countries where USI legislation may take longer than expected (Russian Federation, Ukraine) **alternatives** are explored to increase use in a sustainable way. In Russian Federation, for example, merchandising techniques will be tested in 2004 through active guidance of retail shops and supermarkets as well as positioning of iodized salt on the shelves. The assumption is that salt is an inflexible commodity and that once stores begin to order iodized salt, they are unlikely to revert the non-iodized.



Promotion of iodized salt at retail shops in Russia



Staff at a Maternity Hospital in Russian Federation talk to pregnant women about the importance of iodized salt for their growing unborn child.

Programme management

National capacities to **plan, manage and monitor** national USI efforts have been further strengthened through recruitment of national project officers. A micronutrient programme management workshop for UNICEF staff, national coordinators and industry leaders from Central Asian Republics was carried out in 2003 with support from CDC. Similar workshops have been planned for 2004 and 2005 for all the other countries in the region.

Several **technical and programme review** missions were carried out in 2003 by consultants or UNICEF Regional Office staff including Russian Federation, Ukraine, Turkey, Turkmenistan, Belarus, Armenia, Lithuania, and Latvia. Whenever possible a capacity building component was incorporated in these missions.

In addition, the results of the Johns Hopkins University communication assessment were presented during the Regional Communications Workshop in Turkey, with participation from UNICEF Communication and Programme Officers from 22 countries, followed by discussions on future directions.

Monitoring

An area of concern that received more attention in 2003, was monitoring of iodine in salt and of the iodine status in the population.

Strengthening of capacity through training workshops, exchange of expertise between countries (Romania with Bulgaria, former Yugoslav Republic of Macedonia with Kosovo, Russian Federation & Bulgaria with Turkmenistan, Tajikistan with Iran, Armenia with Italy, Kyrgyz Republic with Bangladesh, etc.) and specific technical support was provided to almost every country. Food inspectors, laboratory staff, salt producers, and programme managers were trained on their role in effective monitoring.

The provision of the necessary laboratory **equipment and supplies** is a sustainability concern which UNICEF tries to limit to situations where it catalyzes monitoring efforts. More efforts are required to monitor strategic use of funds.

The **International Resource Laboratory Initiative (IRLI)**, led by CDC, has improved the quality and performance of urinary iodine analysis in the four Regional resource Laboratories in the region. It is felt that not all countries need to have their own urinary iodine laboratory and the Regional Office plans to conduct an assessment of all laboratories in the region in order to set up a system for quality assurance and service provision between countries.

The **progress of USI efforts** is measured at irregular intervals every 3-5 years through national surveys on household consumption of iodized salt and urinary iodine. Due to the high cost of surveys it is not feasible to conduct surveys more frequently. Other monitoring tools to assess progress exist through information on the production and supply of iodized salt at the source. These data are often collected at irregular intervals, if at all, and are of inconsistent quality. National monitoring of salt production, export, and especially import, needs to be improved and sustained in order to track progress towards USI and IDD elimination and also to provide an important early warning system to national IDD elimination programmes when salt iodization levels start to fall for any reason. The Regional Office has started to provide this support to all countries in 2004.

Compilation of key data to identify areas of concern has started as a Regional Office initiative in 2004. Using the global work that UNICEF has done as a basis, Regional Office will mark attention areas and follow up action. The framework will help also to share lessons learned and to easily develop regional overviews.

Partnership

Through **partnership** with **WHO EURO**, elimination of IDD has become part of National Food and Nutrition Action Plans in most countries of the region. Close collaboration continues with **Asian Development Bank** in CARK for USI but also for other food fortification activities. **US Centres for Disease Control and Prevention** has provided technical support in Ukraine with data analysis of the national micronutrient survey (held in 2002) as well as the organization of the programme management workshop in CARK with participation from UNICEF, government national

coordinators and the salt and flour industry. **USAID-MOST** has not carried out any programme review missions using ISPAT in 2003, but the tool was used by other consultants in Turkmenistan, Belarus and Albania. Collaboration with MOST will continue in 2004 through technical support in Kosovo and Moldova.

Food fortification initiatives such as **Global Alliance for Improved Nutrition (GAIN)** and **Flour Fortification Initiative (FFI)** are increasingly important in the region. Five countries have participated in GAIN Programme Development workshops while four countries have submitted proposals for funding. These efforts take place in close coordination with USI efforts and strengthen the commitment for food fortification in general.

Documenting lessons learned and utilization of regional expertise

Exchange of experiences between countries took place between salt producers associations of Russian Federation and Uzbekistan, through a USI study tour between Kosovo and former Yugoslav Republic of Macedonia, through laboratory training by Bulgarian experts in Romania and the use of expertise including salt producers, monitoring and laboratory experts.

Several countries in the region have started incorporating IDD and USI in the curriculum in schools, also using iodized salt test kits as an educational tool (Azerbaijan, Uzbekistan, Russian Federation, Ukraine, Kyrgyz Republic).

Value added by UNICEF Regional Office

The Regional Office's contribution has been in advocating for high level commitment for USI through the IDD meeting in China. The Regional Director discussed IDD and USI matters with Ministers of Health of key countries at the World Health Assembly and with decision makers during country visits and international meetings. The Regional Office also manages the activities of Regional Goodwill Ambassador Mr Karpov.

Funding for IDD for countries and the Regional Office was successful through support on improving IDD programme plans and quality of proposals.

Individual countries' problems have been addressed through sharing of information such as on the use of iodized salt for food processing, and the effects of iodized salt on thyroid diseases.

Regional Office has facilitated external progress review in former Yugoslav Republic of Macedonia, commissioned the review of communication activities which led to better understanding of strengths and weaknesses of communication activities, intensive guidance and support to key countries Russian Federation, Ukraine and Turkey, and contributed to increased programme management capacity in Central Asia.

Constraints

Without clear political commitment for USI in Ukraine and Russian Federation the goal for the region will not be reached by 2005. In countries where legislation has been adopted, enactment is weak and requires reform and strengthening of regulatory bodies. Solutions for enforcement concerns need to be addressed in discussions with the National Coalitions, in National Plans of Action and through capacity building.

The salt industry is not seen as an equal partner in several countries and without their full involvement and ownership the efforts will not be sustainable. Their membership in national coalitions continues to be pushed by UNICEF.

The understanding among endocrinologists and food industry of the implications of introduction of USI for human health and food processing is limited but feeds the national decision making for USI. More efforts are needed to provide the right arguments to address concerns these sectors have rather than excluding their voices.

Programme communication is not adequately addressed in design and implementation of USI mainly because expertise in UNICEF and partners is inadequate. Accelerated action is therefore needed to increase this capacity to build acceptance and increase awareness among the consumer and improve the marketing of iodized salt.

Plans for 2004

In 2004 Regional Office will use the funds provided by donors to:

- a) Increase the capacity and improve the performance in USI programme communication through development of tools and making them available to country staff.
- b) Organize two regional workshops on programme management of micronutrient programmes with a focus on IDD for national programme coordinators, salt industry representative as well as UNICEF programme and communication officers
- c) Document lessons learned and share experiences between countries through better use of progress and impact data and dissemination of background documents and guidelines.