

Eliminating iodine deficiency in Central Eastern Europe, Commonwealth Independent States

A regional progress report on status and activities in 2008

Prepared for USAID

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Azerbaijan 2004: 73-year old Sbir Kerimov, a retired farmer, with his granddaughter at his home Bash Zeyzid village in Sheki, 330 km north west of the capital Baku. He has been suffering from goitre, caused by iodine deficiency, for more than 20 years. Together with his grandchildren, Sara and Gulghar, Sabir works in the family kitchen. UNICEF in Azerbaijan supports the universal iodisation of salt to prevent iodine deficiency disorders (IDD), the world's leading cause of preventable mental retardation. The rate of household consumption of iodized salt reached 70% in 2003, up from 44% in 2002. Credit: [UNICEF/SWZK00396/GIACOMO PIROZZI](#)

Progress towards sustainable elimination of IDD in CEE/CIS

Introduction

UNICEF has been supporting IDD elimination efforts in CEE/CIS with significant success. USAID's support has been key in this. While no further funding is provided by USAID for IDD elimination in CEE/CIS, current remaining funds still are being utilized. In 2008 almost all funds have been spent. The progress to date has sparked interest from the UNICEF National Committee in the Netherlands to allocate funding.

One of the main aims of the USI programme is to obtain **national commitment** from Governments to mandate iodization of all edible salt, including table and food grade salt, as well as animal salt. UNICEF has strongly advocated for adoption of legislative frameworks and national laws to ensure a long-term and sustainable national mechanism. Currently, all but 2 countries have national mandatory laws, legislations, decrees or programmes which have been formally adopted by the leaders of these nations. Out of 20 countries with mandatory laws, 15 have adopted these very recently, in the last 5 years, with Uzbekistan as the latest country to adopt the legislation in 2007. This is the backbone of the IDD elimination effort. Based on this, policies have been developed and inserted in a variety of ways such as food laws, nutrition policies, PRSPs, etc.

The main challenge for governments, once adopted, is to **implement and enforce** mandatory legislation and ban all non-iodized salt from the market. Quite a few countries have most of their salt iodized, but often with insufficient iodine. Better quality assurance at production can alleviate this problem.

Sustainability is another area of concern. Once the goal is achieved and external donor support is reduced, there is a risk of sliding back. An effective national coordination mechanism with regular monitoring and public reporting, coupled with corrective actions is a mechanism that can prevent this. In 2008 further progress has been made in Armenia, Kazakhstan and Turkmenistan where governments have taken full responsibility of continued oversight of the achievements.

The awareness raising at national and international levels (through media, events, goodwill ambassadors and face-to-face meetings) to engage government and industry partners remains important.

On December 4, 2008, Op-Ed Columnist Nicholas Kristof wrote an article in the New York Times about "Raising the World's I.Q." through the use of Iodized Salt. Kristof writes: "Development geeks rave about the benefits of adding iodine and other micronutrients (such as vitamin A, iron, zinc and folic acid) to diets.

The Copenhagen Consensus, which brings together a panel of top global economists to find the most cost-effective solutions to the world's problems, puts micronutrients at the top of the list of foreign aid spending priorities.

"Probably no other technology," the World Bank said of micronutrients, "offers as large an opportunity to improve lives ... at such low cost and in such a short time."

Yet the strategy hasn't been fully put in place, partly because micronutrients have zero glamour. There are no starlets embracing iodine."

Indeed, The Lancet, the British medical journal, reported last month that "Iodine deficiency is the most common cause of preventable mental impairment worldwide."

Regional update

The UNICEF region of Central Eastern Europe and Commonwealth Independent States (CEE/CIS) is comprised of 21 countries and the UN administered province of Kosovo¹. Iodine deficiency has devastating and irreversible effects on brain development during the first trimester of pregnancy resulting in a reduced IQ of up to 13 points. This affects learning potential, school performance, limits opportunities and decreases productivity in later life. UNICEF is committed to eliminate iodine deficiency through the most cost-effective solution, universal salt iodization (USI), i.e. iodization of all salt for human and animal consumption. UNICEF Regional Office CEE/CIS adopted the goal to reach USI as a regional priority in 2001. The regional average of households using adequately iodized salt was 28% in 2000. This increased to 51% in 2008. Despite the fact that more countries achieve USI, the regional average will stagnate at around 60% if no progress is made in Russia and Ukraine. UNICEF, therefore, aims to ensure IDD elimination in all countries, while a more focused approach is pursued in Russia and Ukraine through the new Gates-funded partnership with GAIN.

The programmatic approach is positioned around 4 main categories of countries:

a) Countries that have eliminated IDD

In this category countries have reached high use of iodized salt, an adequate iodine status and have fulfilled the programmatic criteria to sustain the effort. The UNICEF role in these countries is to make sure that there is no sliding back, that regular reporting on the situation takes place, that policy makers are regularly reminded of the sustained status of elimination and that the sustainability aspects are kept in place.

b) Countries that are close to eliminating IDD

Countries in this category require limited time to address i) quality assurance concerns of salt iodization or ii) areas/population groups where use of iodized salt is low for some reason, or iii) where not all sustainability aspects are in place. UNICEF in these countries focus their support on refined monitoring to detect the origin of the low use of iodized salt, inadequate iodine status, or poor quality assurance. Furthermore, all efforts should aim at achieving sustainability (self-financing of salt iodization, communication, monitoring, national ownership and coordination).

c) Countries facing operational or technical challenges

The countries in this category face not only sustainability challenges as in the previous category but also have certain technical/operational obstacles that hinder progress in the supply or use of iodized salt, while political will exists to eliminate IDD. Most common technical areas include small producers unable/unwilling to iodize salt, remote locations with low use of non-iodized salt, "leakage" of non-iodized technical salt into the consumer market, consumers' resistance to using iodized salt for home based food processing, counterfeited salt (non-iodized salt packaged as iodized salt), use of non-iodized salt for food processing. In this situation, in addition to efforts described under b), UNICEF focuses its support on mobilization and support of (small) salt producers/distributors, encouragement and specific support to food industry to use iodized salt, targeted social mobilization in low-use areas, and strengthening of the enforcement capacity.

¹ Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Kazakhstan, Kyrgyz Republic, UN administered province of Kosovo, TFYR Macedonia, Moldova, Montenegro, Romania, Russian Federation, Serbia, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan

A 2007 National Survey in the UN Administered Province of Kosovo has shown some reduction in the percentage of salt with >15 ppm (from 84% to 78.8%) and the percentage of salt iodized with 1-14% ppm has increased from 5% to 18.5%. Some of the remaining challenges are poor governance and division of responsibilities. Therefore it is essential to focus efforts on strengthening the coordination of the IDD group and other institutions and developing sustainable monitoring and reporting system. Another area of focus would be to increase social mobilization activities through mass media and communication materials to increase the demand for quality iodized salt.

There is high political commitment and ownership in Serbia, however, there remains the issue of small salt producers who produce low quality iodized salt. This is to be addressed, through social mobilization and provision of proper equipment and proper training. Also, corrective action should be taken against those who do not comply.

This is also the case in Tajikistan where small salt producers have poor production practices and where proper monitoring is lacking at production and market levels. Also, public awareness and political commitment are insufficient. Therefore, establishing quantitative monitoring at production level and strengthening the enforcement system, are crucial to improving salt quality and sustainability.

d) Countries that face political challenges

In Russia and Ukraine, USI laws, one of the prerequisites, political commitment, to successfully eliminate IDD in the entire population, is still not in place. The political leadership is not convinced or willing to adopt USI. Main reasons for this reluctance are the disagreement that an iodine deficiency problem exists in the entire country, absence of national ownership and partnership to carry the efforts, concerns that a mandatory law violates consumer right of choice, conflict of interest with regard to other iodized products (e.g. iodine tablets) or simply disinterest in the problem of IDD because of its low profile. UNICEF main focus is to convince national leadership for the need to adopt USI. Multiple and innovative strategies, partners and channels are used with varying degree of success.

Household use of iodized salt

In 2008, the regional average has reached 51% (figure 1), which is based on the latest available information from national surveys, such as MICS and DHS. This figure does not take into account the salt that contains iodine of insufficient quantities. The international arbitrarily determined level of adequacy is 15 iodine parts per million (ppm). If salt with any iodine (adequate and inadequate levels) is considered the situation is as follows:

- The regional average for use of iodized salt is 61% (of which 51% adequately iodized)
- 15 out of 22 countries have reached the international benchmark for success of 90%
- In the scenario where all countries, except Russia and Ukraine, have reached the goal of at least 90% coverage the regional average stagnates at 66%.
- In the scenario where all countries, except Russia, have reached the goal of at least 90% coverage the regional average stagnates at 71%.

Russia's and Ukraine's contribution to the regional average is significant because of the large population sizes in these countries. However, this also shows that the average does not reflect very well the progress in other countries.

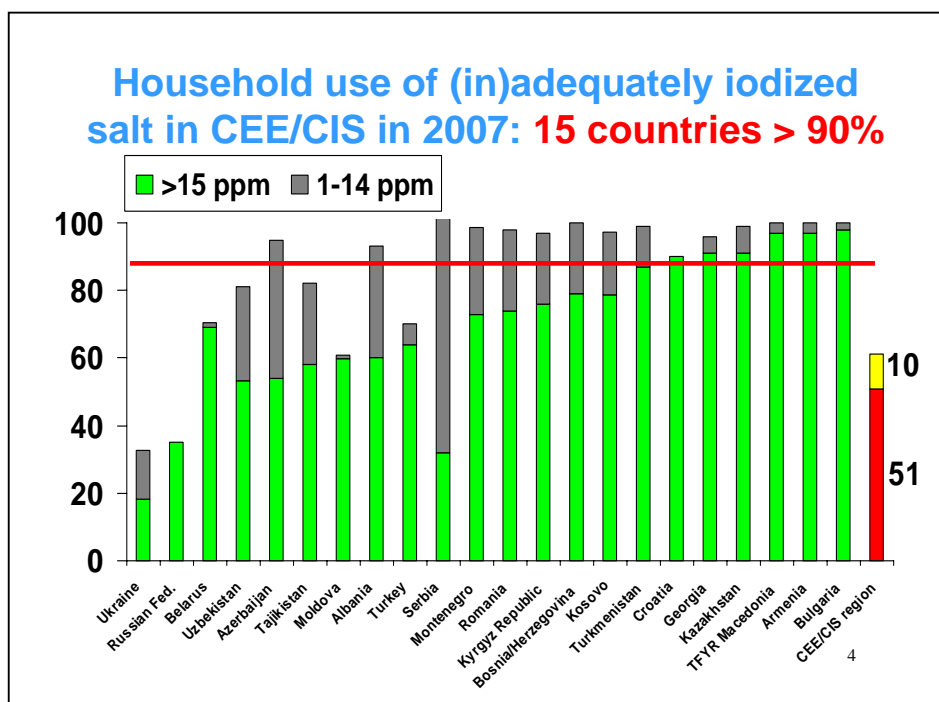


Figure 1

Iodine status (Urinary iodine)

Median Urinary Iodine is the best indicator at population level to assess the iodine status, which is a direct measure of iodine nutrition and iodine deficiency. School children are often chosen as the survey group to centralize data collection as much as possible which is faster and less expensive. The primary group of interest is pregnant women since the foetus' brain development is the focus of the IDD elimination effort. Several countries have also started assessing the iodine status among this population group. The minimum required median urinary iodine for a population is considered to be sufficient to be 100 mcg/L. National representative surveys have been carried out periodically in (almost) all countries of the region. Results (figure 2) show that 17 countries have achieved adequate iodine nutrition, which is an increase from 16 in 2007. New data from Azerbaijan shows that median UI at 204.4 mcg/L among school children, while in Serbia, median UI has increased from 158 mcg/L to 195 mcg/L, and in Turkey it has increased from 75 mcg/L to 107 mcg/L. These data correspond well with the household use of iodized salt (figure 1) which confirms the approach. Urinary iodine levels in Georgia, Armenia and Kazakhstan are relatively high and should continue to be monitored closely and, if necessary, iodization levels need to be adjusted downward.

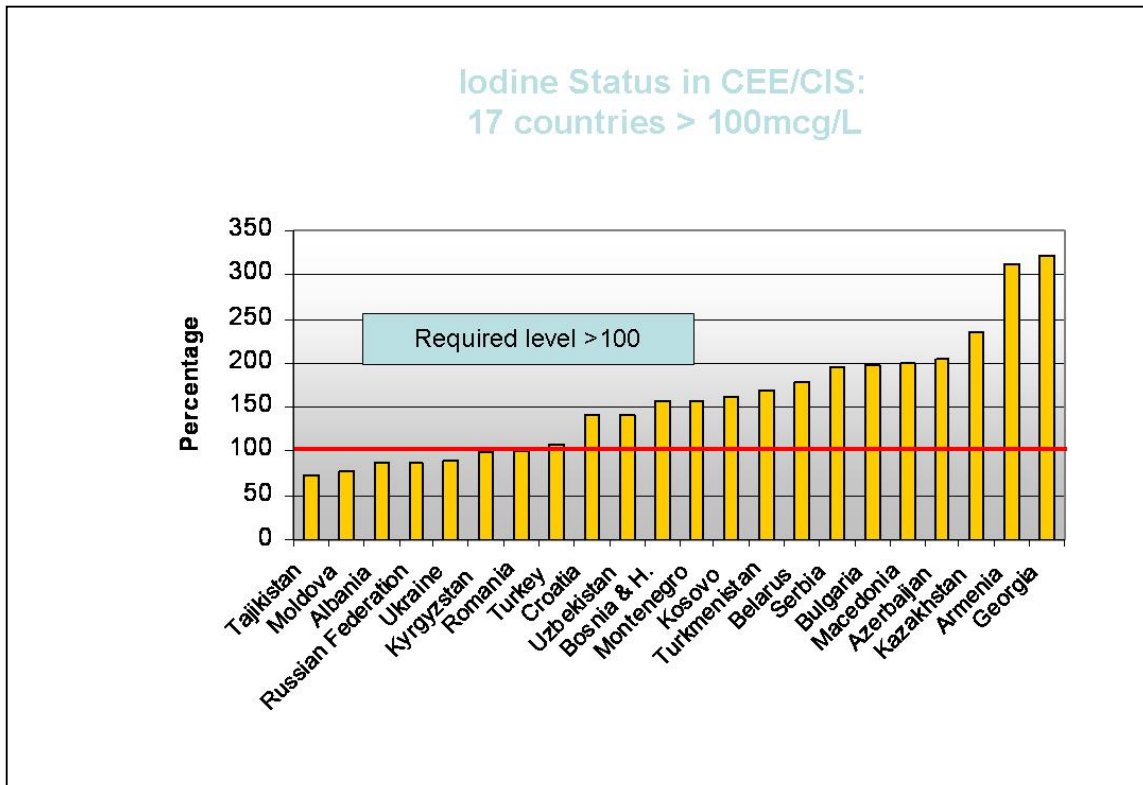


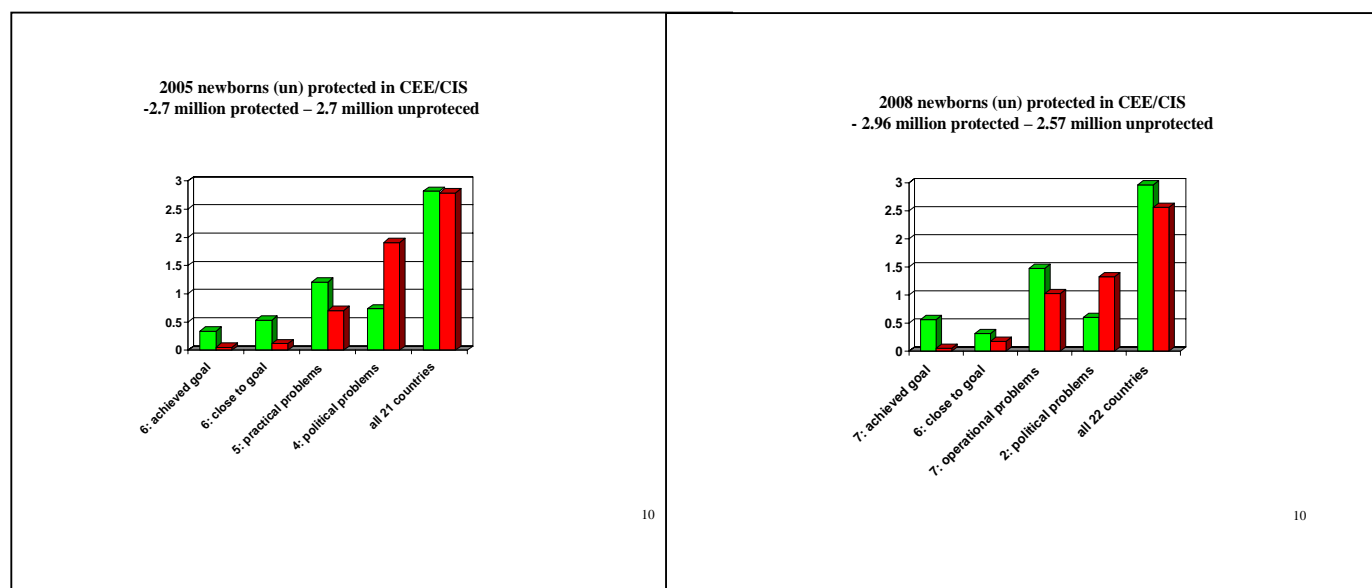
Figure 2: Iodine status among the population, measured by excretion of iodine in the urine.

Newborns protected

Based on the household use of iodized salt data, calculations can be made of the number of newborns protected from brain damage due to iodine deficiency (figure 3). The percentages are almost similar to the iodized salt use rates but differ slightly due to the variable number of newborns in each country. The annual number of babies born in households using adequately iodized salt has reached 2.96 million, which is 54% of the total of 5.6 million annual new born babies in the CEE/CIS region. When comparing the regional total numbers with 2005, there is no significant change, but when looking at the different categories of countries we observe a shift: one country achieved the goal; two other countries adopted laws and are now in the implementation stage. From a regional perspective, by increasing programme efforts in countries with practical challenges a large number of newborns can be protected, while renewed and innovative advocacy strategies will be applied in countries with political challenges.

Figure 3: newborns protected in 2005

Figure 4: newborns protected in 2008



Programmatic focus

Further efforts are required to obtain political commitment in Russia and Ukraine, to complete the tasks in the countries that have not achieved the USI and IDD elimination goal, and to strengthen sustainability in the others that have eliminated IDD. In 13 countries national programs are strengthened through a balanced effort with the following objectives:

1. In Russia and Ukraine, continue to pursue advocacy for scaling up salt iodization efforts using innovative approaches. Funding from the Gates Foundation has been allocated to UNICEF and GAIN to explore new innovative approaches.
2. In countries with non-iodized salt use > 10%, increase the use of iodized salt; in countries with total iodized salt use > 90% but with inadequate quality, reduce the amount of inadequately iodized salt. The efforts for both groups of countries will focus on:
 - a. advocate for stronger enforcement of USI law
 - b. quality assurance of iodized salt production and supply;
 - c. targeted social mobilization to increase the demand for iodized salt in parts of the country where iodized salt use is low;
 - d. monitoring the use of iodized salt and iodine elimination status
3. To address sustainability concerns in countries where elimination of iodine deficiency has been achieved. The efforts will focus on:
 - e. ensuring national ownership with regular reporting and national budget allocation;
 - f. strengthen sustainability (communication, monitoring);
 - g. refining of monitoring systems for iodized salt and iodine status
4. The Regional Office provides support to Country Offices to improve the national strategy/action plan and ensure programme knowledge is applied.

Fundraising efforts were successful with Gates Foundation funding for 13 make-or-break countries including Russia and Ukraine, as well as a generous contribution of the UNICEF National Committee of the Netherlands, who contributed 1.5 million USD for IDD elimination efforts in 12 countries.

Total funds utilized in 2008 were US\$ 454,058.52 with US\$ 182,108.13 remain unspent. Countries remaining with unspent funds are: Azerbaijan, Latvia, Lithuania, Serbia, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan. These years will be utilized before the end of 2009.

Country updates

Table 1 provides an overview of country specific information regarding the current status and challenges, and main focus areas for achieving elimination of IDD.

Table 1: Country status, challenges and strategy to achieve IDD elimination

Objective 1: In countries without political commitment, advocate for national decision making to implement required efforts to eliminate IDD in the entire population

Country	Status (iodized salt use and iodine status) and challenges	Advocate for USI	Mobilization of crucial stakeholders and/or influential persons to engage in and support USI	Monitor the use of iodized salt and iodine elimination status
Russian Federation	20% adequate ² iodine; 9% some ³ iodine; <u>71% no iodine</u> Median UI ⁴ : 88 mcg/L <ul style="list-style-type: none"> - absence of government commitment: 3 draft USI legislations were rejected - difficult to access decision makers - strong public opinion on iodine and concern to use iodized salt in food - multiple alternative strategies promoted by industry, doctors and supported by policy makers 	<ul style="list-style-type: none"> - Build support with Chief Sanitary Doctor Mr Onishenka, who is sole gatekeeper to many public health issues in Russian Federation, and obtain his commitment for legislation or sanitary norm to sell non-iodized salt separate from iodized salt in retail outlets. 	<ul style="list-style-type: none"> - Develop regional models where use of iodized salt can be established, monitor its impact and involve Governor's office to report and advocate at national level - Work with Goodwill ambassador Karpov to continue lobbying and build support for salt iodization. 	<ul style="list-style-type: none"> - monitor IDD problem in different areas, including remote, poor and rural settlements as well as urban well-to-do environments - carry out comparative analysis in different areas, wealth groups on availability, price, sustainability of various existing iodine products i.e. iodized salt, iodine supplements, iodine casein, iodized food products
Ukraine	17% adequate iodine; 31% some iodine; <u>69% no iodine</u> Median UI: 90 mcg/L <ul style="list-style-type: none"> - USI law rejected by Parliamentary Health Committee in June 2007, not because of disagreement on 	<ul style="list-style-type: none"> - Advocate for USI at the highest political level - Support and stimulate policy and national legislation development for USI: President's Order and IDD Elimination Programme - Advocate for establishment of USI 	<ul style="list-style-type: none"> - Create and maintain work of a multisectoral executive team chaired by a national leader - Stimulate local administrations to introduce USI at the oblast level and develop local IDD 	<ul style="list-style-type: none"> - Support the Government to develop an effective and efficient monitoring system based on the latest WHO/UNICEF/ICCIDD

² Salt with ≥ 15 ppm iodine as KI or KIO₃

³ Salt with 1-14 ppm of iodine as KI or KIO₃

⁴ Median Urinary Iodine (mcg/L) is a population level indicator for its iodine status

Country	Status (iodized salt use and iodine status) and challenges	Advocate for USI	Mobilization of crucial stakeholders and/or influential persons to engage in and support USI	Monitor the use of iodized salt and iodine elimination status
	<p>need for USI, but because of politization of the law</p> <ul style="list-style-type: none"> - General consensus exists among various stakeholders - Political instability hinders progress - National ownership and national alliance does not exist 	Coordination Council	<p>elimination Programmes</p> <ul style="list-style-type: none"> - Develop a new social marketing/communication strategy that will allow to reach the entire population of Ukraine and transform the obtained knowledge into the practice 	recommendations
Objective 2: In countries with non-iodized salt use > 10%, increase the use of iodized salt; in countries with total iodized salt use > 90% but of insufficient amounts, reduce the amount of inadequately iodized salt.				
Country	Status (iodized salt use and iodine status) and challenges	Improve quality assurance of iodized salt production and supply	Targeted social mobilization to increase the demand for iodized salt in parts of the country where iodized salt use is low	Monitor the use of iodized salt and iodine elimination status
Albania	<p>60% adequate iodine; <u>33% some iodine</u>; 7% no iodine. Median UI: 86 mcg/L</p> <ul style="list-style-type: none"> - poor quality iodized salt is imported and produced locally - strong government commitment with complete USI law. 	<ul style="list-style-type: none"> - improve national legislative framework to establish true USI through round table discussions - strengthen monitoring and enforcement system to ensure adequately iodized salt through training, advocating for better enforcement, customs training - mobilization of salt supply channel (producers, traders and retailers) to demand only iodized salt 	<ul style="list-style-type: none"> - empower consumers in low use areas to use iodize salt through mobilization campaigns, test kits and reporting 	<ul style="list-style-type: none"> - monitor progress through a survey - external assessment of achievement of the goal
Azerbaijan	<p>54% adequate iodine; <u>41% some iodine</u>; 5% no iodine (DHS 2006) . Median UI: 204.4 mcg/L (among schoolchidren, National representative survey, 2007)</p> <ul style="list-style-type: none"> - quality of salt production and iodization is poor - enforcement is inadequate - use of iodized salt in food is a concern among food producers 	<ul style="list-style-type: none"> - targeted market research in regions where use of iodized salt is low - identify poor quality salt and origin through an assessment - mobilize producers to comply with standards and perform quantitative testing through seminars, training and provision of lab equipment - strengthen governmental monitoring system on quality of salt in production and retail levels to comply with law through trainings, 	<ul style="list-style-type: none"> - train and mobilize staple food producers and animal husbandry to use iodized salt through capacity building, study tours - empower consumers in low use areas to use iodize salt through mobilization campaigns, test kits and reporting 	<ul style="list-style-type: none"> - establish sentinel site survey to monitor progress to goal - external assessment of achievement of the goal

Country	Status (iodized salt use and iodine status) and challenges	Advocate for USI	Mobilization of crucial stakeholders and/or influential persons to engage in and support USI	Monitor the use of iodized salt and iodine elimination status
		and advocate with MoH for enforcing orders		
Belarus	69% adequate iodine (> 15 ppm). 1.6% some iodine (1-14 ppm) and 29.4% (0 ppm iodine) (National IDD/IS Household survey, 2008, 700 samples). Median UI: 179 mcg/L <ul style="list-style-type: none"> - current IDD law does not include table salt, only salt for food production - quality control at production level and enforcement is insufficient 	<ul style="list-style-type: none"> - improve national law on IDD to include table salt through advocacy (round tables, meetings, advocacy package, technical advice) - development of regulatory framework and action plan for sustainability - strengthen enforcement mechanism and production quality control through training, protocol development and testing equipment 	<ul style="list-style-type: none"> - communication activities for consumers, retailers, traders when new law comes in place through mass media, materials 	<ul style="list-style-type: none"> - monitoring survey to assess progress to IDD elimination - international evaluation of IDD programme
Bosnia & Herzegovina	79 % adequate iodine (>15 ppm); 21% some iodine (1-14 ppm); 0% no iodine. Median UI: 157 mcg/L <ul style="list-style-type: none"> - quality control by enforcement agencies insufficient - low use areas (rural and hard to reach areas) require targeting - national coalition not self-functioning and ownership needs improvement 	Establishing an efficient monitoring mechanism for iodized salt contributes towards sustainable elimination of IDD in BiH through : <ul style="list-style-type: none"> - providing technical assistance to entity governments of BiH by establishing monitoring mechanisms for Salt Quality Control within the PHI - Organized two training seminars on titration method for the determination of iodine level in salt samples for 20 lab technicians. 	Provided technical assistance to sustain the communication for the elimination of IDD through educational materials and key messages printed on salt boxes as well as TV spots. This has raised the awareness in neighboring countries and at the regional level.	Government to enforce Entity and District legislation to ensure sustainable elimination of IDD. Iodine status of pregnant women determined through IDD Survey
Kosovo	78.8% adequate iodine (≥ 15 mg ppm), 18.5% some iodine (1-14 ppm), 2.7% no iodine. Median UI: 161 mcg/L (NIPH survey 2007) Imported salt is iodized at 27 mg KIO ₃ per kg salt (16.0 mg iodine/kg), with 95% of the salt ranging between 20.3 and 39.0 mg KIO ₃ per kg salt (12.0 – 23.1 mg iodine/kg) <ul style="list-style-type: none"> - Ensure regular functioning of 	<ul style="list-style-type: none"> - Strengthen coordination of IDD group and other institutions in developing sustainable monitoring and reporting system through round table discussion, exchange with other countries, reporting). - Implement endorsed administrative instruction on quality salt. - All salt imported and fortified in Kosovo to meet standards based on administrative instruction. 	<ul style="list-style-type: none"> - Social mobilization activities to increase demand for quality and iodized salt through mass media and communication materials. 	<ul style="list-style-type: none"> - Monitoring surveys to assess progress and achievements of IDD elimination. - Reports from borders of imported salt. - External assessment of achievement of the goal.

Country	Status (iodized salt use and iodine status) and challenges	Advocate for USI	Mobilization of crucial stakeholders and/or influential persons to engage in and support USI	Monitor the use of iodized salt and iodine elimination status
	<p>the working group for IDD to monitor activities for IDD.</p> <ul style="list-style-type: none"> - Poor governance and division of responsibilities. - Sustainable communication activities. 			
Kyrgyzstan	<p>76% adequate iodine (>15 ppm); 21% some iodine (1-14 ppm); 3% no iodine. Median UI: 99 mcg/L</p> <ul style="list-style-type: none"> - poor intent to adequately iodize salt at production level due to irregular supply and price of KIO₃ (iodine) - salt producers association is under-utilized - weak enforcement of government inspection - no broad governmental support and involvement beyond MoH 	<ul style="list-style-type: none"> - improve quality control at production level through equipment and training - improve quality control at market through training and test kits for enforcement agency - the government to consider possibilities to arrange central procurement of potassium iodate to all the manufacturers in order to provide good quality potassium iodate for salt iodization 	<ul style="list-style-type: none"> - Empower consumers in low use areas through communication activities, materials and test kits - Social mobilization through village health committees 	<ul style="list-style-type: none"> - external assessment of achievement of the goal
Moldova	<p>59.8% adequate iodine (>15 ppm); 1,1% some iodine (1-14 ppm) ; <u>39% no iodine</u>. Median UI: 78 mcg/L</p> <ul style="list-style-type: none"> - IDD National Program adopted in 2007 in the process of implementation; - Law on iodized salt developed but not approved yet - Monitoring plan incomplete and not functioning - Use of iodized salt in food industry and pickling met resistance 	<ul style="list-style-type: none"> - mobilize food producers to use iodized salt in food production (conducted testing of iodized salt in national food industry). - strengthen coordination and monitoring of IDD National Program. Monitoring/reporting at production, customs and consumer level through round table discussions, training, test kit provision and lab equipment, and mobilizing traders and retailers 	<ul style="list-style-type: none"> - establish sustainable communication and build capacity of key actors in communication on IDD (health and education) and revise curricula through workshops, consultancies - strengthen consumer acceptance in targeted areas through provision of communication materials 	<ul style="list-style-type: none"> - systematic monitoring of progress - external assessment of achievement of the goal
Romania	<p>74% adequate iodine (>15 ppm), 24% some iodine (1-14 ppm), 2% no iodine.</p> <ul style="list-style-type: none"> - IDD law for table and bread 	<ul style="list-style-type: none"> - Improve monitoring capacity in laboratories in public and private sector - Increased iodization level expected 	<ul style="list-style-type: none"> - Sustainable communication will continue for consumers, target populations and health care providers 	<ul style="list-style-type: none"> - The impact of the increase in iodization status, training of monitoring authorities

Country	Status (iodized salt use and iodine status) and challenges	Advocate for USI	Mobilization of crucial stakeholders and/or influential persons to engage in and support USI	Monitor the use of iodized salt and iodine elimination status
	salt - Iodization level increased from 20 ± 5 to 30 ± 5 ppm - High public awareness - National ownership: micronutrient center based in MOH, strong partnership MOE and MOH - Sustainable communication: IDD in curriculum of medical training - During 2008 the monitoring and National Committee's on IDD activities were delayed and/or reduced due to frequent changes of staff, management and priorities of the Institute of Public Health.	to improve proportion of inadequately iodized salt. - Improve process and product monitoring through training, and monitoring of the results		and salt producers, and improvement of lab facilities and methods will be assessed which is expected to lead to elimination of IDD.
Serbia	32% adequate iodine (>15 ppm) 78% some iodine (1-14 ppm), and 0% no iodine. Median UI: 195 mcg/L - High political commitment and ownership - National impact survey completed in 2008 - Low use areas served by small producers who produce low quality iodized salt - Sustainable USI monitoring system	- situation analysis of small producers and traders in low use areas - mobilize small producers to iodize salt - establish small producers/distributors network - establish system for regular public reporting on USI - consider the possibility to increase the recommended iodine level in salt	- improve third-party monitoring through consumer groups in low use areas: increase awareness and monitoring of iodized salt through communication activities, materials, test kits - involve retailers, teachers, doctors etc. to inform consumers in low use areas on iodized salt benefits	- external assessment of achievement of the goal
Tajikistan	58% adequate iodine (>15 ppm); 24% some iodine (1-14 ppm); 18% no iodine. Median UI: 73 mcg/L - low use of iodized salt in areas with small producers who have poor production	- Increased awareness among school children, religious leaders and community representatives on IDD and benefits of Iodized salt. - Strengthened capacity of government counterparts at central and district level on monitoring of	- Empower consumers in low use areas through communication activities and materials	- mobilize national alliance to monitor and report on progress, and take corrective action through round tables and discussions - end of project

Country	Status (iodized salt use and iodine status) and challenges	Advocate for USI	Mobilization of crucial stakeholders and/or influential persons to engage in and support USI	Monitor the use of iodized salt and iodine elimination status
	<ul style="list-style-type: none"> practices effective monitoring is lacking at production and market levels public awareness and political commitment insufficient 	<ul style="list-style-type: none"> IDD/USI programme. Updated information about nutrition situation of mothers and children. Printed and distributed materials in more than 3000 MCH health centers on ongoing health and nutrition programmes. 		assessment
Turkey	<p>64% adequate iodine (>15 ppm); 6% some iodine (1-14 ppm); <u>30% no iodine</u>. 2003. Median UI: 107mcg/L, national data, 2007</p> <ul style="list-style-type: none"> In Eastern Turkey use of iodized salt is low because of small producers and poor compliance with the law 	<ul style="list-style-type: none"> for stronger political commitment, engage parliamentarians to enquire about implementation of IDD programme through inter-personal communication and advocacy kits mobilize and target small producers for better compliance with standards through regular visits, assessment and public reporting of performance strengthen enforcement by MOA at production and sale level through advocating at MOA level 	<ul style="list-style-type: none"> target low use areas by empowering communities, children at schools and their parents, as well as retail shops and traders with communication messages on importance of iodized salt through meetings, visits, materials, trainings invite parliamentarians to visit low use areas to monitor the situation and increase awareness of situation 	<ul style="list-style-type: none"> external assessment of achievement of the goal
Uzbekistan	<p>53% adequate iodine (>15 ppm); <u>28% some iodine (1-14 ppm)</u>; <u>19% no iodine</u>. Median UI: 141 mcg/L</p> <ul style="list-style-type: none"> Legislation adopted in 2007, inspection by government is weak Salt producers have poor quality control Variation in iodized salt use across the country 	<ul style="list-style-type: none"> strengthened enforcement in targeted areas through building and maintaining laboratory capacity, training and provision of equipment improve quality control at production level through motivating producers, equip laboratories and train lab analysts 	<ul style="list-style-type: none"> strengthen consumer awareness and demand for iodized salt in low use areas through communication activities, provision of rapid test kits active participation of communities in demanding iodized salt in low use areas through training of school teachers, community committees, women's associations, provision of rapid test kits 	<ul style="list-style-type: none"> strengthen monitoring and reporting capacity strengthen management capacity and corrective action for improving USI programme external assessment of achievement of the goal
Objective 3: address sustainability concerns in countries where elimination of iodine deficiency has been achieved or is about to be achieved.				
Country	Status (iodized salt use and iodine status) and challenges	ensure national ownership with regular reporting and national budget allocation	strengthen sustainability (communication, monitoring, etc)	refine monitoring systems for iodized salt and iodine status
Armenia	97% adequate iodine; 3% some	<ul style="list-style-type: none"> UNICEF will mainly focus its support 		<ul style="list-style-type: none"> Periodic monitoring of

Country	Status (iodized salt use and iodine status) and challenges	Advocate for USI	Mobilization of crucial stakeholders and/or influential persons to engage in and support USI	Monitor the use of iodized salt and iodine elimination status
	iodine; 0% no iodine. Median UI: 313 mcg/L - Global IDD Network verified achievement of IDD elimination in 2007	on strengthening monitoring system for IDD and USI		use of iodized salt takes place. There is no routine monitoring system for iodine in urine
Bulgaria	98% adequate iodine; 2% some iodine; 0% no iodine. Median UI: 198 mcg/L	- IDD elimination effort are fully maintained by national government - Bulgaria provides technical support to other countries (study tours on use of iodized salt in food, monitoring, etc)		Periodic monitoring of use of iodized salt and iodine in urine takes place
Croatia	90% adequate iodine; ??% some iodine; ??% no iodine. Median UI: 140 mcg/L	- IDD elimination effort are fully maintained by national government		Periodic monitoring of use of iodized salt and iodine in urine takes place
Georgia	91% adequate iodine; 5% some iodine; 4% no iodine. Median UI: 321 mcg/L - Monitoring system is fragmented and food inspection system non-functioning - No continuous political commitment: IDD committee poorly functioning due to high turn-over	- advocate for establishment of national IDD coordination group to develop IDD action plan	- development of sustainable communication strategy through workshop and technical support - support targeted - communication to hard to reach areas and implement sustainable communication (materials, mass media, media training)	- establish monitoring system through workshops, technical assistance - support set up of inspection system through technical support and training and supplies
Kazakhstan	91% adequate iodine; 8% some iodine; 1% no iodine. Median UI: 236 mcg/L - Review of USI efforts and achievements has been carried out; all criteria for achieving IDD elimination have been met. - Government has requested Network for Sustainable IDD Elimination for external verification	- UNICEF will gradually phase out from support and remain oversight function	-	Periodic monitoring of use of iodized salt and iodine in urine will need to continue
Macedonia	97% adequate iodine; 3% some iodine; 0% no iodine.	- IDD elimination effort are fully maintained by national government		Periodic monitoring of use of iodized salt and

Country	Status (iodized salt use and iodine status) and challenges	Advocate for USI	Mobilization of crucial stakeholders and/or influential persons to engage in and support USI	Monitor the use of iodized salt and iodine elimination status
	Median UI: 199 mcg/L	- Macedonia provides technical support to neighbouring countries on monitoring		iodine in urine takes place
Turkmenistan	87% adequate iodine; 12% some iodine; 1% no iodine. Median UI: 170 mcg/L - Global IDD Network verified achievement of IDD elimination in 2007 - MICS survey shows slight decrease in adequately iodized salt use to 87%	- Quality assurance of production of iodized salt to be reviewed and improved - UNICEF will gradually phase out from support and remain oversight function	- Communication activities planned and supported by UNICEF	- Periodic monitoring of use of iodized salt and iodine in urine will need to be set up
Objective 4: provide support to Country Offices in the areas of: strategic guidance, assistance in areas of concern, advocacy with national decision makers, documentation of best practices, and inter-country exchange of expertise/experience				
Regional Office	<p>a) Technical and programmatic support in IDD elimination to countries. On a continuous basis UNICEF RO provides support to UNICEF Country Offices as well as pays regular visits to selected countries to review IDD elimination strategies and action plans, discuss progress and remaining work with national partners, and advocate for action with policy and decision makers.</p> <p>b) Addressing areas of common concern The RO has provided support in thematic areas that concern several countries and that require centralized action such as the use of iodized salt in food industry, monitoring, exchange of experiences between countries, capacity building of UNICEF staff, generating financial support with donors and technical support with regional partners like WHO, ICCIDD, EU Salt, GAIN, etc. In international forums like EU networks the importance of addressing the scientific knowledge gap between Western and Eastern Europe is brought to the attention. The aim is to generate support for example for capacity building in academic institutions and develop applied research programmes that will help advance the IDD and other nutrition problem solving at country level.</p>			

Regional Overview of USAID PBA Expenditure as of December 2008

#	CO	PBA	Duration of Contribution	Total Programmable	Total Utilized	Utilized in 2008	Balance ⁵
1	Armenia	SC/03/0631-01	2004-2007	90,478.00	90,478.00	0.00	0.00
		SC/05/0640-01	2005-2007	81,465.12	81,465.12	0.00	0.00
2	Azerbaijan	SC/2004/0576	2005-2007	152,728.80	150,960.40	0.00	1,768.40
3	BiH	SC/2004/0577-01	2005-2007	168,183.50	168,178.14	0.00	5.36
4	Bulgaria	SC/2004/0578	2005-2007	40,909.50	40,895.00	0.00	14.50
5	Georgia	SC/2003/0632-1	2003-2008	142,860.00	142,856.43	5,252.00	3.57
		SC/2005/0641-01	2005-2008	45,870.00	45,819.01	948.88	50.99
6	Kazakhstan	SC/2004/0580-1	2004-2007	143,840.29	142,902.69	0.00	937.60
		SC/2005/0642-1	2005-2007	177,186.64	176,999.17	0.00	187.47
7	Kyrgyzstan	SC/2003/0633-1	2003-2007	94,731.21	94,731.21	0.00	0.00
8	Kosovo	SC/2004/0579-01	2004-2007	81,819.00	81,819.00	5,284.37	0.00
9	Latvia, Lithuania	SC/2004/0581	2005-2006	81,819.00	69,024.00	0.00	12,795 ⁶
10	Macedonia	SC/2004/0582	2004-2007	36,364.00	36,343.49	0.00	20.51
11	Moldova	SC/2005/0643-01	2005-2007	137,610.00	137,131.10	0.00	478.90
12	RO for CEE/CIS	SI/2003/0833-1	2003-2007	220,004.40	219,884.26	0.00	120.14
		SI/2005/0647-1	2005-2008	108,308.24	108,108.51	0.00	199.73
13	Romania	SC/2005/0644-01	2006-2007	91,740.00	91,740.00	0.00	0.00
14	Russia	SC/2004/0583-01	2005-2008	331,366.95	330,887.62	24,509.29	479.33
15	Serbia	SC/03/0629-01	2004-2008	166,653.00	106,353.00	20,068.00	60,300.00
		SC/05/0645-01	2005-2008	108,100.00	76,430.00	11,794.00	31,670.00
16	Tajikistan	SC/2003/0634-01	2003-2007	103,811.60	103,804.21	0.00	7.39
		SC/2005/0646	2005-2008	165,132.00	159,835.12	59,937.65	5,296.88
17	Turkmenistan	SC/2003/0635-1	2003-2007	145,717.20	143,910.00	0.00	1,807.20
18	Ukraine	SC/2006/0712	2006-2008	93,460.00	92,858.87	35,543.18	601.13
		SC/2006/0714	2006-2008	197,966.97	195,332.12	76,300.29	2,634.85
		SC/2006/0728	2006-2008	90,827.23	83,604.42	12,538.27	7,222.81
		SC/2006/0729	2006-2008	70,095.00	61,539.67	41,686.16	8,555.33

⁵ Any remaining balance will be utilized in 2009 and concerned PBAs were extended

⁶ The balance under the PBA was approved to be used by the Regional Office but funds were not received in 2008.

#	CO	PBA	Duration of Contribution	Total Programmable	Total Utilized	Utilized in 2008	Balance ⁵
		SC/2006/0730	2006-2008	72,727.77	41,798.72	10,869.67	30,929.05
		SC/2003/0636	2003-2007	196,194.40	190,746.63	0.00	5,447.77
19	Uzbekistan	SC/2004/0584-01	2004-2008	275,911.85	265,337.63	149,326.76	10,574.22
	TOTAL in USD			3,913,881.67	3,731,773.54	454,058.52	182,108.13

‘A Pinch of Salt’

Azerbaijan’s Progress Towards IDD Elimination

By Ali Verdiyev

Azerbaijan has come one step closer to achieving the total elimination of iodine deficiency disorders (IDD) and universal salt iodization (USI) after the consumption of iodized salt in households increased following joint efforts of the Government and international organizations, recent studies show.

A significant proportion of households in this oil rich Caucasus republic – 94.6% use iodized salt as compared to only 41.3% in 2000, according to the results of the nationwide Demography and Health Survey (DHS) conducted by the Azerbaijani government in 2006.

However, the DHS found that only 53.8% of households in Azerbaijan use adequately iodized salt, a figure that is much lower than recommended by the World Health Organization (WHO), the United Nations Children Fund (UNICEF) and the International Council for the Control of Iodine Deficiency Disorders (ICCIDD)

Another major study, the national bio-monitoring of IDD (2007) found that 65% of Azerbaijan households use adequately iodized salt, while the overall number of households using iodized salt was 85.8%.

UNICEF input

UNICEF, a key player in the efforts to eradicate IDD and achieve USI, works hand in hand with the Azerbaijan government to ensure that children in this post-Soviet republic are well protected against the negative consequences of iodine deficiency such as mental retardation and goiter. UNICEF continues providing support and technical assistance to the government in rooting out IDD through supporting various studies and advocacy campaigns.

“We have improved a lot on salt iodization in Azerbaijan over the past years. According to the latest data, the number of households using iodized salt has increased significantly, which means that now children in Azerbaijan have fewer chances of getting mentally retarded because of iodine deficiency. Our task now is to ensure 100% salt iodization in the market and then maintain it forever”, says Hanaa singer UNICEF representative in Azerbaijan..

UNICEF started working with the Azerbaijan Ministry of Health to address IDD back in 1996 and a working group was set up within the ministry in 1999 to deal with the problem.

“The level of public awareness of using iodized salt has much more increased with UNICEF’s advocacy and communication campaigns,” says Ibrahim Ahmadov, the national coordinator on IDD. “Earlier people did not care about the salt they bought, but now they look if it is iodized or not.”

“UNICEF provides 15,000-18,000 test kits every year, which help us determine the level of iodine in salt products. Moreover, goiter, a direct consequence of IDD, has considerably decreased among people,” he says

“We would like to thank UNICEF on behalf of the Ministry of Health for providing us with comprehensive financial, consultative and technical support over these years. Iodine deficiency has nearly been eliminated in our country. The only problem remaining today is the quality of iodized salt,” says Galina Ganiyeva, a nutrition specialist with the Medical University of Azerbaijan and a member of the working group..

Background

Before the collapse of the Soviet Union in 1991 Azerbaijan had tiny capacity for salt production and iodized salt was supplied from other regions of the Soviet Union. Some studies show that IDD is still a significant problem in many regions of Azerbaijan. Marked improvements have been made nationally regarding the production of iodized salt, but despite this, there is still some work to accomplish.

“I suffer from goiter and wake up in sweat every morning. I wish this situation could change for me, but I know that for many others the way out is making sure that they consume iodized salt,” says a doctor in a central Baku clinic.

The Azerbaijan parliament passed legislation on universal salt iodization in 2001 supported by the decrees of the Azerbaijani president and the Cabinet of Ministers in 2002-2003. The Azerbaijan Ministry of Health enforced the legislation by developing and approving guidelines and regulations to control the process and quality of salt iodization. International experience and expertise, as well as iodization supplies and equipment provided to local salt producers, helped improve the quality of salt production and iodization.

Media campaign

Besides strongly supporting the government’s efforts, UNICEF took the lead in pushing ahead wide-scale communication activities concerning IDD, offering training to more than 60 journalists from both broadcast and print media throughout the country and increasing responsibility of the media in the coverage of this issue.

As part of this campaign a lot of journalists contacted UNICEF to get more information on IDD. In response, a number of media efforts, including making press kits on IDD and organizing field trips for journalists to salt production sites, were made. A documentary called “The Lost Intellect” was produced in partnership with a leading local private broadcaster – ANS TV to explain the adverse impacts of iodine deficiency on the future generations and the national economy of Azerbaijan.

To further boost advocacy efforts world-known Azerbaijani chess player Teymur Rajabov was engaged as the National Goodwill Ambassador for IDD elimination efforts. A press conference announcing his commitment to UNICEF, TV and radio PSAs with his participation tackling the issue of IDD were important parts of the awareness campaign.

Challenge

Now, the challenge for the Azerbaijan government is to improve the quality of domestically produced salt. One of the biggest private companies in Azerbaijan, Azersun Holding, and the state-run Azerbaijan Investment Company have stricken a 10 million US dollar worth deal to construct the country’s first and largest salt producing plant by the end of 2008. The government believes that the new enterprise will make an invaluable contribution to the production of duly iodized salt for domestic consumers.

The monitoring of salt products in the Azerbaijani market by the Ministry of Economic Development, however, produced some dire figures concerning the iodization of consumed salt. The ministry tested 17 brands of salt and confirmed that only four of them were adequately iodized, a source in the ministry's market control department said. Now, the government is bracing itself for cracking down on the faulty salt producers.

Eyyub Huseynov, the head of the Free Consumers' Union, showed us a shelf full of samples of fake salt products taken from the Azerbaijani market during the union's monitoring.

"The construction of the new salt production plant will resolve the IDD problem by 97%," Huseynov believes.

"A matter of nearest future"

Summing up all what has been done in Azerbaijan over the past decade, UNICEF representative, Hanaa Singer, believes that USI and IDD elimination are just round the corner.

"Azerbaijan is very close to USI and IDD elimination. Azerbaijan could qualify for external verification of successful USI and a country with a status of eliminated iodine deficiency once the quality of salt iodization is improved and the proportion of quality iodized salt reaches 90%. We hope that this is a matter of the nearest future", says Singer.