

International Meeting for the
Sustained Elimination of
Iodine Deficiency Disorders

Beijing, China
15 – 17 October 2003



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Planning, preparation, and holding of this International Meeting for the Sustained Elimination of Iodine Deficiency Disorders was conducted in a truly collaborative spirit. The Government of China, through the Ministry of Health, hosted the meeting and committed time and resources from many collaborators in China. The national organizing committee included representatives of the Chinese Medical Association, China National Salt Industry Corporation, China National Committee for the Concern of Children of the Next Generation of the State Council, as well as the Chinese Centers for Disease Control National Training and Technical Support in China and the Beijing offices of the World Health Organization and UNICEF. Representatives of the Ministry of Health, the Department of Disease Control, the Chinese Academy of Preventive Medicine and the Department of International Cooperation were included.

The global advisory team included collaborators from UNICEF NYHQ, UNICEF Beijing and other regional and country offices, as well as the International Council for Control of Iodine Deficiency Disorders (ICCIDD), and the Network for Sustained Elimination of Iodine Deficiency. Presenters and country groups shared their experience and made invaluable contributions to the meeting's success. Session chairpersons and rapporteurs ensured a smooth process and gave thoughtful analysis on the subject matter both in the meeting and during report preparation. A technical support team from UNICEF Beijing helped streamline the electronic contributions to the meeting.

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EXECUTIVE SUMMARY

In 1990, government leaders at the World Summit for Children committed to achieving progress on a range of child survival and development goals, among them the virtual elimination of iodine deficiency disorders (IDD). International meetings since then have established a policy framework for collaborative support for global IDD elimination through the strategy of universal salt iodization (USI). By 2002, at least 65 per cent of the world's population had access to iodized salt, protecting 75 million newborns a year from losses in learning ability due to iodine deficiency. But while progress to date is one of the public health successes of the 20th century, some 46 million children are still born to families where iodized salt is not easily accessible or consumed.

In May 2002, government, private sector and civil society leaders met at the United Nations General Assembly Special Session on Children (UNGASS) to revitalize efforts towards completing the agenda of the 1990 Summit. In the World Fit for Children document, these leaders set the goal of sustained elimination of IDD by 2005. The session also marked the launch of the Network for Sustained Elimination of Iodine Deficiency, (the Network) a global coalition of public, private, scientific and civic organizations with a mandate of supporting national efforts to eliminate and sustain elimination by promoting collaborative activities among public, private and civic entities. The Network saw the need to reinvigorate the worldwide effort towards USI, and because China had made such remarkable progress towards this goal in a short time, holding an international meeting there was perceived as a unique opportunity to share experiences among countries, while demonstrating and augmenting national commitments in China.

As Network chair, UNICEF asked the Chinese Government to co-sponsor and host the International Meeting for the Sustained Elimination of IDD in Beijing, October 15-17, 2003. With delegates from over 30 countries and 19 ministerial-level participants, this dynamic, high-level gathering of 290 attendees, including representatives from U.N. agencies, bilateral donors, national policymakers, salt producers and academic institutions provided a forum for exchange of ideas and evidence on successful country experiences and to review critical elements required for sustainability. Five technical sessions, each representing a critical requirement for progress evidenced by China's experience, provided a framework for defining next steps towards USI, dealing with:

1. Securing political commitment;
2. Ensuring iodized salt supply;
3. Achieving consumer insistence on their right to iodized salt;
4. Monitoring iodized salt and iodine nutrition; and
5. Forming national oversight coalitions.

Presentations and discussions highlighted a series of strategic considerations and global best management practices for national adoption, outlined in this document. Participants adopted the Beijing Statement with action components focused around requirements for success in sustained IDD elimination. The International Meeting for the Sustained Elimination of Iodine Deficiency Disorders provided a timely and substantive forum for sharing experiences. The ministerial delegations reaffirmed the commitments to the achievement of sustained IDD elimination by 2005. With less than two years left to achieve the goal, there is now renewed urgency to our efforts.

THE BEIJING STATEMENT

Whereas

- The United Nations General Assembly has committed to eliminating IDD by 2005 in sustainable ways;
- The iodization of all salt for human and animal consumption is agreed upon as the safe, effective and sustainable strategy to assure optimum consumption of iodine in all households and individuals;
- More than one-third of the world's population, mostly in Asia, is not using iodized salt and is not protected against IDD.

It is imperative, facing the agreed goal of USI by 2005, that national actions be re-invigorated and renewed.

We express gratitude to the Government of China for hosting the International Meeting for the Sustained Elimination of Iodine Deficiency Disorders in Beijing, 15-17 October 2003.

The meeting with attendance from 27 countries and 10 agencies and organizations (list of names in Annex) concludes:

1. Securing political commitment at the national and sub-national level:

- Renew national political commitment through periodic advocacy events;
- National plans must commit resources for elimination of IDD on a sustained basis;
- Coordinate efforts among partners and other stakeholders;
- Systematically review national and sub-national strategy and make adjustments if needed;
- Develop special strategies to address needs of hard-to-reach populations.

2. Ensuring the supply of iodized salt:

- Accelerate production and marketing of adequately iodized salt to assure access by all households;
- All salt for human and animal consumption including salt for food processing, where allowed, should be iodized;
- Encourage and strengthen salt producer associations to build capacity to produce and distribute adequately iodized salt at an affordable price;
- Actively prohibit the flow of edible non-iodized salt into the market;
- Develop systems to ensure that the salt of all producers of edible salt is adequately iodized in an economically viable manner;
- Establish a revolving fund for procurement of potassium iodate and other inputs and a special fund for improving salt technology to guarantee supply and quality of iodized salt.

3. Social mobilization, demand creation and community participation:

- The objective of social mobilization is to make the consumption of adequately iodized salt the norm for all;
- Expand education on the health, economic and social value of iodine in the daily diet through school curricula, media and other channels;

- Increase demand for iodized salt through consumer education, marketing, national logo and social mobilization;
- Use innovative ways of building awareness amongst stakeholders e.g. religious leaders, well known personalities;
- Promote the use of salt testing kits as a participatory tool in schools and communities, including support for demand creation.

4. Monitoring the quality of iodized salt and ensuring adequate iodine nutrition:

- Monitoring of iodized salt at production is essential;
- Assure functional monitoring and enforcement systems (with administrative and laboratory support) that identify problem areas and direct corrective action;
- Secure the availability, access and use of salt testing kits, especially in markets and households;
- Link monitoring of iodized salt with population iodine status;
- Report and share widely the results of national and regional progress made towards optimal iodine nutrition;

5. Building national coalitions for sustained IDD elimination:

- Multi-sectoral national and sub-national coalitions are practical and effective means to sustain IDD elimination;
- Coalitions should have clearly defined goals, oversight authority and definition of roles and responsibilities;
- Coalitions should use monitoring information for strategic planning and decision making;
- Promote collaboration between government departments and between government and other partners in particular the salt industry;
- Collaborate between countries and with the Network for Sustained Elimination of Iodine Deficiency;
- Use periodic external evaluations to provide independent feedback and renew commitment.

Upon return to respective countries, members of the delegations will endeavor where appropriate to:

- Hold a meeting of a wide national audience to strengthen commitment and accelerate actions toward reaching the goal;
- Systematically review the national and sub-national strategy, and if needed, make adjustments;
- Form or strengthen the national and sub-national coalitions so that efforts proceed forthwith.

Considered and concluded at Beijing, 17 October 2003



1. INTRODUCTION

1.1 Background

There has been significant progress in addressing the problem of IDD through USI. By 2002, at least 65 per cent of households worldwide were using iodized salt. In that year alone, because of these tiny additional amounts of additional iodine consumed by their mothers during pregnancy, 75 million newborns entered the world with brains protected from damage they might otherwise have suffered. This is a major global public health achievement; in many developing nations, salt iodization is the first successful experience in eliminating a national public nutrition problem through fortification of a common food.

The past 13 years offer valuable lessons in fostering collaboration among governments, salt producers, non-governmental organizations, the media, the scientific community, communicators, social development organizations, private commodity traders, consumer groups, the development community, and others. The unique progress in reaching a well-defined and agreed-upon global goal provides insights into effective approaches – politically, technically, managerially, financially and culturally – towards developing national malnutrition elimination policies.

In May 2002, government, private sector and civil society leaders met at UNGASS to revitalize efforts towards completing the unfinished agenda of the 1990 Summit. In the World Fit for Children document, they set the goal of sustained elimination of IDD by 2005. While USI is within reach, it has not yet been achieved. In as many as 50 countries, less than half of all households use iodized salt. In addition, some hitherto successful countries have shown a disturbing trend of backsliding. With less than two years remaining, the need for re-invigorated efforts and accelerated action is clear. National constraints and weaknesses need to be identified and corrective action, buttressed by national oversight, must begin immediately.

China has made outstanding progress towards IDD elimination since 1993, when the State Council committed the nation to USI. A broad alliance of government departments, led jointly by the health authorities, salt producers and traders enabled industry modernization and integration of effective iodization, packaging and marketing efforts, leading to consumption of iodized salt by more than 90 per cent of the population. Policies and guidelines have addressed specific challenges in a number of provinces. There is now significant evidence of improved population iodine status.

In view of China's rapid, exceptional progress, UNICEF as chair of the Network asked the Government of China to host an International Meeting for the Sustained Elimination of IDD. Almost 300 participants from more than 30 countries, including national leaders and representatives of U.N. agencies and salt production companies, together with a range of experts and individuals gathered in Beijing, October 15-17, 2003, to share experiences and lessons learned in the pursuit of USI on the road to the elimination of iodine deficiency.

1.2 Process

The International Meeting was planned to coincide with China's National Re-Advocacy Meeting for IDD, providing an opportunity for participants to learn through celebration of success, sharing of ideas, and discussion of factors critical to sustained IDD elimination. Countries were invited to send a Ministerial delegation to report on their situation, and to exhibit a poster depicting national progress

towards IDD elimination. It was envisaged that such dialogue would help countries that have achieved progress to accelerate elimination efforts yet further, while encouraging those who are lagging to apply some of the lessons learned in successful countries.

ICCIDD Chairman Professor Jack Ling of Tulane University School of Public Health moderated the 3-day proceedings. The Opening Ceremony, hosted by the State Council, was held on 15 October 2003 in the Great Hall of the People in Beijing, presided over by Mme Wu Yi, Vice-Premier and Minister of Health. The event presented a sequence of keynote speeches by political and executive leaders, combined with a multimedia video show on IDD elimination efforts. China National Salt Industry Corporation hosted a welcome reception following the ceremony.

The sessions during the succeeding two days explored factors for national success in reaching and sustaining IDD elimination. The agenda focused on the key tasks to be accomplished to ensure success by 2005. Dr Rainer Gross, Chair of the Network Board, opened the session by presenting an overview of global achievements and experiences and encouraging participants to undertake their national efforts in a spirit of true partnership. Dr. Ma Xiao Wei, Vice Minister of Health, outlined China's outstanding progress and comprehensive national commitment to permanent vigilance. Concluding the session, Mr. Rolf Carriere, Executive Director of the Global Alliance for Improved Nutrition (GAIN), outlined a broader role for fortification activities.

Five technical sessions then sequentially addressed key programmatic efforts, selected on basis of lessons learned and conclusions reached at the first Re-Advocacy Meeting in China, focusing on securing political commitment; ensuring iodized salt supply; achieving consumer insistence on their right to iodized salt; monitoring iodized salt and iodine nutrition; and forming national oversight coalitions. Each session was chaired by a government leader and supported by a Network rapporteur. The presentations were made by invited delegations, chosen on basis of reports to UNICEF and the Network Score Card as well as on-the-ground knowledge of national situations.

The final section of the meeting began with rapporteurs distilling input from the five sessions to summarize the challenges ahead. This was followed by a session where participants worked to come up with a set of recommendations for accelerated action. The text of a consensus statement, drafted by Mr. Venkatesh Mannar, President of the Micronutrient Initiative (MI), was debated and adjusted in plenary session. The closing ceremony, managed by the Network Chair, Mr. Rainer Gross, and Vice Chairman, Mr. Walter Becky, culminated in the adoption by general consensus of the resolution, named "The Beijing Statement."

1.3 Opening ceremony

Attendees at the Opening Ceremony held at the Great Hall of the People included Chinese Government officials, delegates, experts, local and international media and others. Statements were made by Mme Wu Yi, Vice-Premier and Minister of Health of China; UNICEF Executive Director Carol Bellamy; WHO Assistant Director-General Catherine Le Gales-Camus; Morton Salt President and CEO and Network Vice-Chair Walter Becky; Dr. Juan Torres, President 2002/2003 Kiwanis International, and Guo Yi, Children's Representative from Qinghai Province. Ms Bellamy read a message from UN Secretary General Kofi Annan.

Mme Wu Yi said that to achieve China's 1990 promise to eliminate

IDD, the State Council in 1993 issued a series of decisions including "The Salt Industry Management Regulation", "Iodized Salt Management Regulation for IDD Control" and "Edible Salt Monopoly Regulation", and designed such programs as "General Program for the Elimination of Iodine Deficiency Disorders in China by 2000" and "The Action Plan of the Execution of the Program."

Mme Wu Yi noted many improvements since that time in monitoring, establishment of national production and sales networks, and in health education activities. She added that along with the recent struggle against SARS, the necessity of coordinating the development of both the economy and society had become clear. The valuable lesson learned, Mme Wu Yi noted, is that the work towards IDD elimination must fit with the sustainable development of China. "The Chinese government is willing to join hands with all the people throughout the world in the struggle against IDD and in creating a better world through mutual support, mutual understanding, mutual benefit and mutual development", said Mme Wu Yi.

In a statement read by the UNICEF Executive Director, the U.N. Secretary General praised the public-private partnership that has been instrumental in advancing access to iodized salt. Making iodized salt available for all was one of the most cost effective investments to build a better world for children. "One of the most pressing challenges of our times is to make globalization work for all people. And one way to move closer towards that goal is for governments, the U.N. system, private sector enterprises and civil society groups to forge partnerships around specific goals, and then work with creativity and determination to achieve them."

In her own remarks, Ms. Bellamy drew a direct link between the wellbeing of children and the future of all countries. A cornerstone of that wellbeing is the right to education for all – a right only achievable when sustained elimination of IDD supports optimal mental development. She congratulated China on its remarkable gains, constituting the world's largest program of its kind, and praised the reform of China's salt industry, its successful monitoring and assessment system established through the Ministry of Health, and the existence of multi-sector alliances including grassroots groups, women's organizations and educational organizations. Ms. Bellamy stressed the need to create the sustained political will necessary to establish permanent policies that consolidate the gains made thus far. She called on the delegations to form national coalitions for permanent oversight, with the participation and support of consumer groups, ensuring consumers become more aware and insistent on their right to affordable iodized salt. She urged countries lagging behind in their efforts at IDD elimination to undertake a national review that could help revitalize national leadership and political commitment.

Dr. Le Gales-Camus said IDD is still a public health problem in many countries and that this meeting provided a unique opportunity to review progress in the light of accumulated experience. The goal of IDD elimination was entirely within reach. "Iodine deficiency erodes human capital, drains government budgets and restricts national development," said the WHO Assistant Director-General, who stressed that iodine provided through iodized salt needs to be adequate and safe. She reaffirmed WHO's support for the implementation of a Network of International Resources Laboratories (IRLI) to help countries develop necessary surveillance capacity.

Network Vice-Chair Walter Becky agreed that the goal of IDD elimination was "in our sights". What was needed was the political will to achieve it, and equally importantly, to sustain it. Governments needed to enact clear legislation calling for the iodization of all con-

sumable salt and to ensure the open and transparent application of that legislation.

Kiwanis International, the leading civil society donor and a key advocate for USI, was represented by its immediate past President. Dr. Torres explained that through almost 10 years of experience, Kiwanis has learned that IDD elimination requires ongoing commitment for permanence. Investments alone are not enough. Sustained success requires "vigilance by all sectors of society – consumers, producers, public health officials and government leaders". He said Kiwanis members around the world would continue to do everything they could to not only achieve USI, but to sustain it for virtual elimination of IDD.

2. GLOBAL EXPERIENCES

The second day opened with presentations on the global experience, the Chinese experience, and a look at USI's potential as a building block for fortification of other common foods.

2.1. Global status and progress

Presentation: Dr. Rainer Gross,
Chief, Nutrition Section, UNICEF; and Network Chair

Dr. Gross said the latter half of the 1990s had brought growing recognition that actions by many partners and actors were key to successfully eliminating IDD. Other key results were that:

- The magnitude of the problem was being increasingly accepted;
- Initial resistance to USI had been overcome;
- The safety of potassium iodate had been established beyond doubt;
- Salt was no longer seen only as an unhealthy product;
- Iodization was accepted as enrichment of a commonly eaten food;
- Not only small, local industries but large companies ahead been engaged;
- Supporting the private sector in "doing things right" had been accepted.

Politically, said Dr. Gross, two major lessons had been learned:

- IDD elimination is a societal process involving many actors, meaning success is more likely where strong national leadership exists and resolute national oversight is evident;
- A national public/private/civil society partnership is crucial to:
 - Periodically re-committing political attention;
 - Ensuring a permanent supply of iodized salt for all;
 - Cultivating a habitual consumption norm;
 - Creating a regular demand for data on iodine supply and nutrition;
 - Ensuring annual oversight, with public reporting.

Dr. Gross said the Network is committed to a rights-based approach to action. This means that:

- The public must understand the need for and insist on adequate iodine nutrition;
- Governments must continue supporting USI and monitoring iodine nutrition;



- Salt producers must assure universal supplies of iodized salt at a fair price; and
- Scientific and social interests must remain attentive and insistent on permanent national oversight.

Dr. Gross closed his remarks by calling on participants to reaffirm their commitment to human progress and prosperity by strengthening their partnerships to achieve IDD elimination.

2.2. IDD elimination in China

Presentation: Dr. Ma Xiao Wei,
Vice Minister of Health, People's Republic of China

Dr. Ma Xiao Wei said that before 1993, the IDD situation in China was serious. 46 per cent of the population was living in iodine-deficient areas. But by 1995, the situation had dramatically improved. 80 per cent of households had access to iodized salt. By 2002, evidence from national monitoring showed that 95 per cent of all households had iodized salt.

The main strategies used throughout China were:

- Improving national iodized salt production and the distribution network;
- Spreading knowledge about IDD through various forms of health education;
- Strengthening supervision, monitoring and evaluation for timely and accurate information;
- Undertaking training and research to promote the progress of IDD elimination; and
- Gaining support through international cooperation and exchange of experiences.

Key measures undertaken also included:

- Initiating a system of government commitment, multi-sector cooperation and public participation;
- Strengthening and strictly enforcing IDD legislation to prevent non-iodized salt from entering the market;
- Providing strategic special support for high risk provinces, initiated in 1999; and
- Re-advocating IDD elimination and promoting the need for a sustained effort, as evidenced at a national meeting in 2000.

The Chinese Government has proposed a renewed objective of achieving national IDD elimination by ensuring elimination status in 95 per cent of all 300+ counties in the nation by 2010, and has identified constraints and challenges to meeting this target. In the west of China, the focus still is on reaching USI. There are abundant local salt resources in these areas, which are difficult to monitor. The population is widespread and often sparse, making the iodized salt sales networks weaker than elsewhere, and minority populations living in remote areas often require unique health education efforts. In coastal areas in southeast China, the objective must be to prevent non-iodized salt from being reintroduced into the market, thereby threatening the success of previous elimination efforts. Dr. Ma noted that China has demonstrated tremendous progress and pledged continued commitment to work towards building a world fit for children.

2.3 To help end hidden hunger in our lifetime

Presentation: Rolf Carriere,
Executive Director, GAIN

Mr. Carriere told the meeting that the success of USI shows that that the problem of widespread nutritional disorders can be addressed through the mass fortification of other staple foods with essential vitamins and minerals, a strategy that remained vastly underutilized in the developing world despite its huge potential benefits. He proposed that USI be the foundation on which to build further fortification efforts. The concept of double fortifying salt with iodine and iron was an example of how fortification directions could be built upon the present progress.

Mr. Carriere said the GAIN alliance was a multi-sector partnership at global level that works with Food Fortification Alliances, i.e., multi-sector fortification partnerships, at national level. GAIN's mandate is to contribute by 2007 to improving the micronutrient status of 600 million people in up to 40 developing countries, to be achieved primarily by facilitation of fortification of commonly available and consumed local foods.

The GAIN agenda to 2007 focuses upon:

- Having staple food fortification accepted;
- Developing a global strategy for the production of low-cost fortified foods;
- Development of a Code on production and marketing;
- Conducting a global analysis—costs and benefits;
- Establishing a Global Advisory Group;
- Developing a fortification curriculum for managers;
- Advocacy;
- Establishing yearly updates on coverage;
- Implementing leadership strategy.

3. LESSONS LEARNED AND FUTURE STEPS

The five session topics were selected as a result of China's experience, each representing a unique and significant requirement for sustained IDD elimination.

3.1 Securing political commitment

Chair: H.E. Mr. Anatoliy Belonog,
First Vice-Minister of Health, Kazakhstan

Rapporteur: Dr. Gerard Burrow,
Vice-Chair, ICCIDD

Presenters: H.E. Wang Yifu,
Vice-Governor of Fujian province, China
H.E. Dr. Lyonpo Jigmi Singay,
Minister of Health, Bhutan
Prof. Dr. Azrul Azwar,
Deputy General of Community Health, Indonesia

3.1.1 Lessons learned

- Securing political commitment is essential to progress, as borne out by examples of high-level national and sub-national government commitment. It was clear that political commitment must be periodically renewed through re-advocacy, as in the example of

leadership by the Vice-Governor of Fujian Province; national leadership expressed in a religious decree in Bhutan; and government decentralization policies in Indonesia;

- Supply, communication and surveillance in rural and difficult terrain often present a challenge. Special efforts may be needed to reach rural populations. In Fujian Province, coordinating mechanisms at prefectures and counties were important in achieving progress and in setting an example for other provinces;
- A periodic and systematic review of experiences in coordination with all partners and stakeholders is key to ensuring permanency and making necessary adjustments;
- External evaluation of progress can provide important perspectives and insights that may in turn be useful for re-advocacy.

3.1.2 The way forward

Reaching and sustaining USI is a national obligation. Strong, continuous government and industry commitment is essential to progress. Political commitment must be renewed through periodic advocacy events, which should also secure long-term commitment from all collaborating partners. National plans must commit resources to achieving and sustaining elimination, and include mechanisms for coordination between partners and stakeholders. Special focus may be needed to ensure hard-to-reach populations. Programs should regularly review approaches and strategies. All these activities must continue after external inputs are withdrawn, and national resources must be devoted to sustaining progress. Periodic external evaluations should be invited to provide independent feedback.

3.2 Ensuring iodized salt supply

Chair: H.E. Dr. Ferozuddin Feroz,
Deputy Minister of Health, Afghanistan

Rapporteur: Mr. David Haxton,
Advisor, Micronutrient Initiative

Presenters: Mr. Dong Zhihua,
President, China National Salt Industry Corporation
and Chairman, China Salt Association
H.E. Dr. Ponmek Dalaloy,
Minister of Health, Laos
H.E. Mrs. Dilbar Gulyamova,
Deputy Prime Minister, Uzbekistan

3.2.1 Lessons learned

- While voluntary iodization is beneficial in individual situations, mandatory iodization will ensure universal practice and access. (In Laos, the Prime Minister's Decree on USI provided the authority to implement the program. In Uzbekistan, delay in enacting a salt iodization law is holding up progress on USI);
- There is need for secure and regular supply of raw materials including food-grade quality salt, polyethylene bags, potassium iodate, and laboratory supplies. (In Laos, initial supply of machines, potassium iodate, test kits, laboratory equipment and chemicals, and training was crucial in starting the program);
- Public/private/civic/scientific/governmental collaboration is vital, including inter-sector allies in government. (In China, provinces became the operational units for overseeing and enforcing actions, with vice-governors leading the inter-sector coalitions);

- Monitoring and enforcement of agreed-upon actions is important. (In China, key measures included radically restraining non-iodized salt entering the market, enforcement, checking of packaging logos, consumer education, and focus on special provinces. Uzbekistan now recognizes the need to allocate resources for inspection, education/promotion, and monitoring. Laos checks the quality of all imported salt and violation of standards is treated as a criminal offence);
- Small salt producers may need special assistance in instituting iodization;
- No significant technical scientific obstacle remains to the practice of USI;
- Consumers are prepared to pay for iodization; buying the product is not an obstacle.

3.2.2 The way forward

Each country must accelerate production/import and marketing of iodized consumer salt to ensure access by all households. Using iodized salt should be the new behavioral norm for all, with a shift from current 'campaign' to 'permanency' mode.

Salt producers' capability must be continuously improved. Small enterprises, including traders, may benefit from revolving funds. Salt associations must be supported in using their influence to ensure universal supply and access. Marketing and sales to distant locations and transient, remote, isolated populations and/or island groups must be improved.

There is need to modernize monitoring by production and sales networks. In addition, enforcement of agreed-upon regulations must be transparent and persistent. There are often difficulties in controlling salt iodization in transnational trade. Generating sustained positive public opinion on the value of iodine in the diet and dangers of its absence is also crucial, and can be supported by working closely with food processing industries.

3.3 Achieving consumer insistence on the right to iodized salt

Chair: H.E. Mr. Motiur Rahman Nizami,
MP & Minister of Industries, Bangladesh

Rapporteur: Dr. Justus de Jong,
Akzo Salt, Member EU Salt

Presenters: H.E. Feng Jionghua,
Vice-Governor, Ningxia Autonomous Region, China
H.E. Professor Mitalip Mamytov,
Minister of Health, Kyrgyzstan
H.E. Dr. Ernesto Macario Gutierrez,
Minister of Public Health, Ecuador

3.3.1 Lessons learned

- Sustained communication through mass media, school, and health systems is essential in educating the public on elimination of IDD. (Ecuador found that education through schools and universities needed to be continued through at least one generation to ensure that household behavior of accepting only iodized salt becomes permanent);
- Social marketing can influence demand. Consumer education should be coordinated with the use of a logo to identify iodized salt. (In Ningxia Province, the IDD message was spread with community participation in health education);



- Innovative channels can better spread the message. (In Ningxia Province, religious leaders speaking in mosques improved public opinion on consumption of iodized salt);
- Promote the use of rapid salt testing kits. (In Kyrgyzstan, a salt testing campaign in markets and households with involvement of dealers dramatically and rapidly increased the sales and consumption of iodized salt).

3.3.2 The way forward

Communication should be part of overall IDD strategy and should focus on making use of iodized salt the behavioral norm for everyone. Social marketing and education are important and have better outcomes when coordinated. Communication through health education, schools, mass media and innovative channels should be encouraged. The use of an easily identifiable logo for iodized salt generates consumer attention. The use of salt testing kits in food retail outlets by dealers should be encouraged.

3.4 Monitoring iodized salt and iodine nutrition

Chair: H.E. Dr. Udval Natsag,
Vice-Minister of Health, Mongolia

Rapporteur: Dr. Bruno de Benoist,
Acting Director, Department of Nutrition, WHO

Presenters: Mr. Yang Xiaoguang,
Deputy Director, China Centre for Disease Control and Prevention
Dr. Robabeh Sheikholeslam,
Director of Nutrition, Ministry of Health, Iran
Mr. Annamurad Orazov,
Head of State Sanitary Epidemiological Department,
Vice-Minister of Health, Turkmenistan

3.4.1 Lessons learned

- A permanent, effective monitoring system to check salt iodine levels from production to household is instrumental to a successful program. (In Iran, monitoring and evaluation at production level by producers and food safety officers, salt iodine checking in shopping centers by environmental health officers, and feedback to the Ministry of Health, is considered critical to the continued success of the program);
- The key to salt monitoring is to assure quality at production. Monitoring salt at wholesale, retail and household level cannot address problems at initial supply;
- Salt monitoring results should be linked to information on iodine status. (In China, surveys every two years of iodine in household salt, and urinary iodine of children from these households, helped identify operational bottlenecks and in taking corrective action);
- Monitoring systems must be functional and capable of quickly identifying problems. (In Turkmenistan, continuous province-based monitoring, immediately linked to corrective action, has wrought significant improvements in salt iodine levels and access ratios over the past two years);
- The use of salt testing kits should be expanded to link monitoring with promotional communication. (Test kits are widely used in schools and by health workers in Turkmenistan and Iran);
- Reporting and sharing results of regional and national iodine

nutrition monitoring is important. Public reporting that “All is well” is as important as signaling that corrections are required to tackle problems.

3.4.2 The way forward

To ensure all salt is iodized, there must be sustained commitment by all parties – government, industry, trade, and consumer interest groups – to ensure effective monitoring of three principal aspects: the product and its supply; the progress of population iodine nutrition; and of the many processes that make-up a national IDD elimination strategy. Monitoring and quality assurance at production are critical, and monitoring should extend from production to consumer, with adequate administrative, financial and laboratory support, reaching all areas of the country. Results should be linked to information on iodine status, and should include mechanisms to enhance collaboration between government sectors and between government and the salt industry to ensure that the results reach, and are used by, the appropriate decision makers. Results should be shared regularly with the general public.

3.5 Forming national oversight coalitions

Chair: Dr. Chen Xianyi,
Deputy Director General, Department of Disease Control,
Ministry of Health, China

Rapporteur: Dr. Juan Torres,
President, Kiwanis International 2002-2003

Presenters: H.E. Dr. Manuel Dayrit,
Undersecretary, Ministry of Health, Philippines
Dr. Dora Nkem Akunyili,
Deputy General, National Food & Drug Administration,
Nigeria

3.5.1 Lessons learned

- National and sub-national coalitions provide practical and effective mechanisms to raise and sustain commitments to IDD elimination. (Nigeria’s success resulted from effective collaboration between the National Planning Commission, Ministry of Health, salt producers, consumer protection agencies, the National Food and Drug Administration and donor agencies);
- Forming national coalitions with clearly defined roles and responsibilities can play a major, driving role in demanding and reviewing monitoring information for planning and promotion of collaborative work. National coalitions should insist on being supplied with quality, comprehensive monitoring information. (In the Philippines, aggressive advocacy and partnerships that include national and local governments, the salt industry, media, customs and port authorities have been critical in improving salt iodization rates);
- Coalitions should support collaboration between countries and the Network, with national groups pressing for improved nutrition and general food fortification policy.

3.5.2 The way forward

National coalitions/partnerships should have defined duties, oversight authority and shared actions. They must have representation from a variety of constituencies and all corners of the country. There is often no need for a new structure separate from existing health or nutrition

umbrella organizations. National coalitions contribute to sustaining the success by demanding regular and meaningful information from monitoring of the three essential components: the product and its supply, the process of the national strategy, and the progress in iodine nutrition. After review and verification, public reporting is essential.

International collaboration is important in maintaining a sense of accomplishment and national honor in successfully addressing problems of global significance. The Network has pledged its support to national efforts to reach the global goal. National coalitions can provide a mechanism for support in preparing official positions and national progress reports in global forums and international meetings.

4. CONCLUSIONS AND RECOMMENDATIONS

The meeting provided a timely and substantive forum for delegations to share experiences and re-enforce commitments to achievement of USI by 2005. Reaching and sustaining this global goal is vital to the elimination of IDD. In addition to the presentations, written reports and posters provided valuable and compelling information, and are provided in a separate CD-Rom as integral part of the report. The exchange of experiences between participants also resulted in consensus on the Beijing Statement at the beginning of this document.

The meeting recognized that over the past 13 years, salt iodization has witnessed a remarkable growth in application in countries around the world. As of today, more than 170 countries have committed themselves to USI. Many have provided resources for IDD elimination in their national budgets and are progressing towards the goal. In 2002, at least 65 per cent of the world's population already has access to iodized salt, and in 45 countries, more than 75 per cent of households are using it. The potential for eliminating the ancient scourge of IDD has never been greater. And there has been another major benefit: success with salt iodization has given governments a new confidence to address other more complex micronutrient problems through food fortification to deliver essential micronutrients to their populations.

As significant as progress has been, and as promising as the potential might be, the meeting recognized that there is still much to be done. There is evidence of improvements in the share of newborns protected from the brain damage of iodine deficiency, but the elimination goal has not yet been achieved. The presentations and discussions highlighted the key national strategic needs in order to achieve and sustain the universal iodization of salt:

- I. Strong, continued government commitment and industry motivation are essential. Political commitment needs renewal through periodic advocacy events.
- II. Production, marketing and sales of adequately iodized salt must be accelerated until consumption in all households is assured. Quality assurance of supplies, and constant oversight of policy processes and of progress in human nutrition are key. Once national iodization standards are in place, understood by producers and processors alike, and respected by producers, inspectors and the public, they must be applied universally and persistently to ensure the desired benefit to public health nutrition.
- III. There is an immediate need to protect those who don't yet have access to iodized salt. Priority must be given to managerial overview of national resources dedicated to this effort, and strategies to address the hard-to-reach must be developed, paying attention not only to remote areas, but to urban districts where IDD is also a major problem.

Countries with limited resources or extensive problems may need more help; others need support to accelerate existing plans.

- IV. Consumption of adequately iodized salt should be the norm for everyone, based on the rationale that children have the right to reach their genetic potential and people have the right to demand fortified products like salt at convenient locations, in appropriate packages, at fair prices, and forever. Towards this end, a clear communications plan must be implemented to expand and sustain awareness and demand for iodized salt, which can also be increased through consumer education, national logo and advertising, and social mobilization. Innovative ways of building awareness and support amongst stakeholders through religious leaders and well-known personalities could be used. Rapid salt testing kits can be used as a social mobilization and teaching tool in schools, communities and market places.
- V. Salt iodization strategies and programs need to adjusting to changing environments: globalization trends and free trade have significant impact on salt production, import, refining and distribution patterns, and must be monitored. Adequate inputs (material, financial, trained human resources) need to be ensured. Public demand for balanced iodine intake should be expanded and sustained. While gearing up for USI, the salt industry needs to build strong regional networks. Iodine levels in salt should be harmonized across regions. Process and impact monitoring could be included in household surveys, census, and other ancillary information-gathering efforts on a permanent basis.
- VI. Capacity building is a vital and continuing component. There is a need in every country for constant vigilance to assure that producers are fully up-to-date and have good personnel and practices in packaging, monitoring, reporting and analysis; nations are instilling knowledge through iodine courses, public communication and school curricula; responsible agents like Ministries of Health have adequate trained personnel for their vital role of surveillance and assessment of progress in human nutrition, including laboratories and other support measures.
- VII. The final proof of impact and successful elimination of iodine deficiency is reflected in reduction in the incidence of IDD, which needs to be monitored and tracked at periodic intervals. Countries should undertake periodic evaluations for independent feedback and timely recommendations that can support high-level advocacy. Some of these might benefit from external collaboration. The results of national and regional progress made toward optimal iodine nutrition should be widely shared.
- VIII. Over the past decade there has been a worldwide consumer movement to raise private sector consciousness of the need for corporate participation in tackling social and environmental problems. IDD prevention presents an opportunity for the salt industry to derive economic and social benefit, while simultaneously providing a social good.
- IX. Salt enjoys unique advantages as vehicle for micronutrient fortification in most parts of the world in terms of universal access, uniformity of consumption and low cost of fortification. Encouraged by the progress made in several countries in implementing successful salt iodization, efforts have been directed at examining the feasibility of fortifying salt with iron and other nutrients such as fluorine along with iodine. With production, surveillance and monitoring infrastructure for iodization programmes already in place, such an integration and coordination would enable resource savings and maximum efficiency. The commercial application



of large-scale multiple fortification programs would be a major breakthrough in establishing a cost-effective delivery system for these nutrients to large populations

IX. The public-private-civic partnership to achieve and sustain USI needs to continue, with each of the partners playing an important role:

- Salt producers must assure supply and consumer access. They should reach all customers with a quality iodized product. Progress toward industry self-monitoring is important;
- Governments must provide permanent support to USI and monitor the situation, with special focus on populations not yet reached with iodized salt;
- Civil society must remain supportive and insist on national supervision, protecting progress and preventing reversal;
- The public must understand and demand its right of only iodized salt;
- UN and other agencies must continue to focus attention at national and global level.

Only through a coordinated social advocacy effort and vigilance, globally and nationally, providing timely technical and financial inputs and ensuring permanent benefit from these investments, can we eliminate iodine and several nutrient deficiencies from the face of the earth forever.

1 See http://www.codexalimentarius.net/standard_list.asp (last accessed 14 January 2004) for the Codex Alimentarius standard for food-grade salt

ANNEX 1: MEETING AGENDA

October 15, 2003 Wednesday

16:00-17:30

Opening Ceremony (3rd Floor, Great Hall of the People);
Master of Ceremony: Prof. Jack Ling, Chair, ICCIDD

16:10-16:20

Welcome to delegates. Statement of the People's Republic Of China.

Her Excellency Madame Wu Yi, Vice-Premier of the State Council of the People's Republic of China

16:20-16:25

Statement of Mr. Kofi Annan,
Secretary General of the United Nations

Read by: Ms. Carol Bellamy, Executive Director, UNICEF

16:25-16:35

The Importance of Creating a World Fit for Children:
Ms. Carol Bellamy, Executive Director, UNICEF

16:35-16:45

Countries Commitment to IDD Elimination:
Dr. Catherine Le Gales-Camus, Assistant Director-General, WHO

16:45-16:50

Investing in IDD Elimination: A view from Civil Society:
Dr. Juan F. Torres, President, Kiwanis International 2002-2003

16:50-16:55

Investing in IDD Elimination: A View from the Salt Industry:
Mr. Walter W. Becky, President, Morton Salt

16:55-17:00

Importance of IDD Prevention:
Guo Yi, Chinese Child Beneficiary (red pioneer)

17:00-17:15

Eliminating IDD for school readiness and learning:
Video statements by UNICEF Goodwill Ambassadors, Sir Roger Moore and Mr. Anatoly Karpov

17:30-20:00

Welcome Reception (3rd Floor, Great Hall of the People)

October 16, 2003 Thursday

First segment – Progress on IDD elimination and status report:
Key issues

Chair: Prof. Jack Ling, Chair, ICCIDD

09:00-09:20

Global status and progress:
Dr. Rainer Gross, Chair, Network for the Sustained Elimination of Iodine Deficiency

09:20-09:40

China country report, experience, obstacles, commitment:
H.E. Dr. Ma Xiaowei, Vice Minister of Health

Second segment - Issues and lessons learned for sustained IDD elimination

09:50-10:30

Session 1: Securing political commitment at the national and sub-national level

Chair: His Excellency Mr. Anatoliy Belonog, First Vice Minister of Health, Kazakhstan

Presented by: Fujian Province, China; Bhutan; Indonesia

10:45-11:30

Session 2: Ensuring the supply of iodized salt

Chair: His Excellency Dr. Ferozuddin Feroz, Deputy Minister of Health, Afghanistan

Presented by: China National Salt Industry Cooperation (CNSIC); Laos; Uzbekistan

11:30-12:15

Session 3: Social mobilization, demand creation and community participation

Chair: His Excellency Mr. Motiur Rahman Nizami, M.P., Minister of Industries, Bangladesh

Presented by: Ningxia Province, China; Kyrgyzstan; Ecuador Poster presentation (Foyer, 2nd Floor)

14:00-14:45

Session 4: Monitoring the quality of iodized salt & ensuring adequate iodine nutrition

Chair: His Excellency Dr. Udval Natsag, Vice-Minister of Health, Mongolia

Presented by: China Center for Disease Control (CDC); Iran; Turkmenistan

14:45-15:30

Session 5: Building national coalitions for sustained IDD elimination

Chair: Dr. Chen Xianyi, Deputy Director General, Department of Disease Control, Ministry of Health, China

Presented by: Philippines; Nigeria.

15:45-17:00

Summing up of challenges and way forward

Chair: Mr. Venkatesh Mannar, President, the Micronutrient Initiative

Panelists: Dr. Gerard Burrow, Vice Chair, ICCIDD; Mr. David P. Haxton, MI Consultant; Dr. Justus de Jong, Akzo Nobel Salt, Member EU Salt; Dr. Bruno de Benoist, Acting Director, Nutrition, WHO; Dr. Juan Torres, President, Kiwanis International 2002-2003

October 17, 2003 Friday

Third segment - Commitment to Action

09:00-09:20

Review of recommendations for accelerated action on the 2005 goal

Moderators: Mr. Venkatesh Mannar, President, the Micronutrient Initiative and Mr. Rolf Carriere, Executive Director, GAIN

09:20-10:00

Review of draft actions and finalization of a draft statement

Moderators: Dr. Rainer Gross, Chair, and Mr. Walter W. Becky, Vice-Chair, Network for the Sustained IDD Elimination

10:00-10:15

Adoption of the final statement, read by: Prof. Jack Ling, Chair, ICCIDD

10:30-11:30

Poster review and free discussion (Foyer, 2nd Floor)

11:30-12:00

Closing ceremony (Grand Ballroom, 2nd Floor)

11:30

Conclusions by Dr. Rainer Gross, Chair, Network for Sustained IDD Elimination

11:35

Concluding Statement by His Excellency Dr. Ma Xiao Wei, Vice Minister of Health, China

11.40

Signing of Backdrop by heads of delegations

12.00

Closing



ANNEX 2: LIST OF MINISTERIAL-LEVEL PARTICIPANTS

H.E. Mme Wu Yi,
Vice-Premier and Minister of Health, China

H.E. Mrs. Dilbar Gulyamova,
Deputy Prime Minister, Uzbekistan

H.E. Mr. Ferozuddin Feroz,
Deputy Minister of Health, Afghanistan

H.E. Mr. Motiur Rahman Nizami,
Minister of Industries, Bangladesh

H.E. Dr. Lyonpo Jigmi Singay,
Minister of Health, Bhutan

H.E. Dr. Ma Xiao Wei,
Vice-Minister of Health, China

H.E. Mr. Feng Jionghua,
Vice-Governor of Ningxia Province, China

H.E. Mr. Wang Yifu,
Vice-Governor of Fujian Province, China

H.E. Dr. Ernesto Macario Gutierrez Vera,
Minister of Public Health, Ecuador

H.E. Dr. Israel Lemus,
Vice-Minister of Health, Guatemala

H.E. Mr. Anatoliy Belonog,
Vice-Minister of Health, Kazakhstan

H.E. Professor Mitalip Mamytov,
Minister of Health, Kyrgyzstan

H.E. Mr. Somboun Rasasombath,
Vice-Minister of Industry and Handicraft, Laos

H.E. Dr. Ponmek Dalaloy,
Minister of Health, Laos

H.E. Mr. Nasajargal Darjaa,
Minister of Agriculture and Food, Mongolia

H.E. Dr. Udval Natsag,
Vice-Minister of Health, Mongolia

H.E. Mr. Umaru Aji,
Permanent Secretary, Ministry of Health, Nigeria

H.E. Dr. Manuel Dayrit,
Undersecretary, Ministry of Health, Philippines

H.E. Dr. Olga Sharapova,
Deputy Minister of Health, Russia

H.E. Professor Nasratullo Faizulloev,
Minister of Health, Tajikistan

H.E. Police General Pracha Promnog,
Deputy Minister of Health, Thailand

H.E. Mr. Annamurad Orazov,
Vice-Minister of Health, Turkmenistan

H.E. Professor Asamidin Kamilov,
Deputy Minister of Health, Uzbekistan



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