

# STRATEGIC PLAN FRAMEWORK 2004-2008

## 1. STRATEGIC FRAMEWORK

This Strategic Plan of the *Network for Sustained Elimination of Iodine Deficiency* outlines the strategic directions and specific actions that are to be implemented by the Network itself through its Board and Secretariat. It also includes some of the actions that will be carried out by one or more individual Member Organizations of the Network following an agreement reached by all Members, where the role of the Network is more coordination than implementation. The period covered by the Strategic Plan is 2004-2010. The Strategic Plan does not deal with the post-2010 period but clearly decisions regarding the Network's longer term prospects, including the need for its continued existence, will be informed by progress achieved in the interim.

The main purpose of the Network is to accelerate progress towards the UN goal to achieve sustainable elimination of iodine deficiency disorders. This requires focussing on those countries where achieving Universal Salt Iodization (USI) can make the most gains in the next few years, in terms of protecting large numbers of people, especially infants. The challenges to Universal Salt Iodization are numerous. They include lack of political will on the part of governments, lack of demand and awareness on the part of the public, both of which are associated with an inadequate legal and regulatory framework for requiring that all salt is iodized. In some countries there are technical problems in iodizing certain salts and in many countries there are problems in quality control and laboratory monitoring of salt and of human iodine nutritional status. In most developing countries, even those that are close to achieving >90% coverage of households with access to adequately iodized salt, the situation is not sustainable because external donors, mainly through UNICEF, are paying at least part of the costs of iodizing salt.

Any strategy, including this one, must therefore have a multi-pronged approach to solve the problem. The approach should include (as appropriate) advocacy with governments, education and mobilization for civil society, advice on legislation and regulations, technical support to the salt industry and to government regulatory authorities, and responsiveness to deal with emergency and other unique situations.

Thus, although the Network works through the actions of its individual members, this strategy will only succeed if the members agree to work within the framework of a coordinated international campaign that is mounted in the name of the Network and implemented through the technical-advocacy-fundraising-implementation collaboration that the Network can provide. Nothing less will achieve the goal of significant gains being realised by the end of 2005 and the goal of elimination of IDD being reached before the end of 2010.

## 2. PURPOSE OF THE NETWORK

### 2.1. Vision<sup>1</sup>

The vision of the Network is of a world in which every child is born protected from iodine deficiency and resulting brain damage, and in which the entire population is protected from the

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<sup>1</sup> The text for the vision, mission and goal contained in this version of the strategy reflects the discussions of the Board in New York, September 2004.

loss of intellectual and physical resources through this easily preventable cause of mental retardation

## 2.2. Mission

The Network's mission is to support national efforts to eliminate iodine deficiency in a sustainable manner by promoting collaboration among public, private, scientific and civic organizations. We are committed to ensuring that universal salt iodization is sustained in all countries. Accelerated progress and better coordination to focus on priority populations and actions are needed to achieve the Network's vision within the next decade.

## 2.3. Goal

The goal of the Network is to harmonize support activities that assist countries in reaching the goal of sustained IDD elimination through universal salt iodization.

The Network is committed to help meet the 22<sup>nd</sup> goal of the Plan of Action for the *World Fit for Children*:

Achieve sustainable elimination of iodine deficiency disorders by 2005, and of vitamin A by 2010, reduce by one third the prevalence of anaemia, including iron deficiency, by 2010, and accelerate progress towards reduction of other micronutrient deficiencies, through dietary diversification, food fortification and supplementation.

The aim of this strategic plan is to support the members of the Network in *accelerating* progress towards reaching the 2005 goal and beyond of sustainable elimination of iodine deficiency disorders.

While the goal of the Network is focussed on the Plan of Action for Children, reaching the Network's goal will also contribute to achieving at least five of the global Millennium Development Goals (Box 1).

### **Box 1 Millennium Development Goals to which eliminating iodine deficiency will make a significant contribution**

- **Eradicate extreme poverty and hunger**  
*Eliminating IDD through USI will ensure that children are able to learn better and therefore be more productive as adults.*
- **Achieve Universal Primary Education**  
*Children will have improved cognitive function to attend school and complete their education*
- **Promote gender equality and empower women**  
*Eliminating IDD in children reduces the childcare burden for women*
- **Reduce child mortality**  
*Iodine deficiency contributes to increased infant mortality*
- **Improve maternal health**  
*Eliminating IDD in women of childbearing age is a priority*

- The delivery of services, support and advice of the Network will be directed through the member organizations rather than through the Network.
- The Network will coordinate and inform the actions of members to make their individual actions more effective and mutually supportive.
- All decisions on actions by the Network will be by consensus of its members.

### **3. CONTEXT OF THE STRATEGIC PLAN**

#### **3.1. Situation analysis**

Approximately 1.6 billion people or 30% of the world population, most of them in Asia, is affected by iodine deficiency due to a lack of iodine in the diet, and are not using iodized salt so are not protected against IDD. Annually, at least 41 million children are still born unprotected from IDD in developing countries.

Iodine deficiency is well documented as the most easily preventable cause of mental retardation. Even so, iodine deficiency disorders (IDD) remain a major public health problem in many countries. Goitre, stillbirths, miscarriages, neonatal and thyroid deficiency, mental defects, cretinism, spastic weakness and other physical and mental problems collectively constitute IDD. Micronutrient deficiencies including iodine are estimated to cost less than 0.3% of GNP per year to be addressed in a sustainable manner but currently cost 5% of GNP globally through deaths, disabilities, lower educational attainment and decreased productivity (World Development Report 1993).

#### **3.2 Salt iodization as a key strategy**

- The iodization of all salt for human and animal consumption (USI) is agreed upon as the safe, effective and sustainable strategy to assure optimum consumption of iodine by all members of all households. Salt has been successfully iodized since the 1920s and so has a proven track and safety record.
- The edible salt industry has an important role to play in reducing IDD. It needs both the right incentives to supply iodized salt and effective monitoring and enforcement. Incentives for encouraging compliance with salt iodization policies must be tailored to the structure of each country or each region's salt industry. Salt production must be monitored because the quality of iodization is critical to disease prevention and consumers cannot themselves easily determine whether their salt supply is adequately iodized.
- Governments also have a key role to play. Governments must ensure easy access to iodized salt and must put in place salt iodization policies, as well as raising public awareness of the problem and the available solutions.

#### **3.3 Progress in last decade**

- Dramatic progress has been made during the last decade toward eliminating iodine deficiency. Household consumption of iodized salt has more than tripled. In 2001, 70% of households in developing countries were estimated to consume adequately iodized salt.

- The regional distribution of iodized salt coverage is as follows: Latin America and the Caribbean (81%); East Asia and the Pacific (80%); Middle East and North Africa (70%); Sub-Saharan Africa (68%) and South Asia (55%). More than 79 million infants are protected in the developing world.
- The United Nations General Assembly has committed to virtually eliminate IDD by 2005 in sustainable ways. International agencies such as the WHO, UNICEF, FAO and the World Bank have played a critical role in raising awareness of IDD and salt iodization at international, regional and national levels.

### 3.4 Remaining challenges

- While 79 million infants are protected from IDD, another 41 million annually are still born unprotected; 44% of these are in South Asia and 21% in Sub-Saharan Africa. The country with the most unprotected infants is India.
- Major *disparities* in iodized salt coverage exist between urban and rural areas and between rich and poor people within the same countries.
- Success in achieving the sustainable elimination of IDD at national level requires the orchestration of a multifaceted campaign that includes raising awareness and obtaining the commitment of government, industry and civil society through appropriate communications and education initiatives; putting in place legislation and effective regulations and compliance monitoring; monitoring the health of the population and ensuring that there is adequate testing and laboratory capacity; maintaining effective relations with the salt industry; raising funds for doing all of the above on an ongoing basis.
- The task of *sustaining* iodine deficiency elimination requires constant vigilance. Experience has shown that without adequate monitoring and continued and sustained political support (through periodic re-advocacy campaigns, for instance), iodine deficiency can reoccur (backsliding). This has been demonstrated in Guatemala and Bolivia and also in Sierra Leone where coverage fell from 75% to 23%. Salt iodization thus needs to be continually monitored together with the iodine status of the population and the support for iodization within civil society and government.
- While the focus of international efforts is on iodization of table salt, there are remaining challenges to ensure that both animal salt and salt used in processed foods is adequately iodized. In some countries, a significant proportion of total salt consumption is from processed food but only a few countries have laws requiring iodization of salt in food processing. For example, a recent report by WHO indicates that 80% of salt in Western and Central Europe is consumed in processed foods.
- Public health concerns about the role of salt as a risk factor for cardio-vascular diseases is a leading factor in the decline in salt consumption. This means that levels of iodization need to be adjusted to the salt intake of a population and all opportunities for providing iodine in the food chain need to be pursued.

## 4.1 Strategic entry points

The Network will work through regional networks to enter into a dialogue with national governments and to assist countries that fall within one or more of the following priority groups. Within these countries, the Network will be especially concerned to reach women of childbearing age, and hard-to-reach populations and communities in emergencies that are at special risk of IDD. Capacity building will also be a key dimension in any support provided by or through the Network:

- ***Countries with high numbers of unprotected infants***  
Of the 41 million infants born unprotected each year, most are born in 20 countries, mainly in Asia and Africa.<sup>2</sup> Thirty percent of all unprotected infants are born in India. A focus on these countries, especially for women of childbearing age will dramatically reduce the global burden of iodine deficiency diseases.
- ***Countries with low iodized salt coverage***  
There are 30 countries with low iodized salt coverage ( $\leq 50\%$  households covered)<sup>3</sup> according to *Vitamin & Mineral Deficiency – A Global Progress Report*. These are: Guinea-Bissau, Mauritania, Gambia, Georgia, Haiti, Cambodia, Afghanistan, Gabon, Niger, Senegal, Pakistan, Dominican Republic, Uzbekistan, Tajikistan, Burkina Faso, Sierra Leone, Philippines, Azerbaijan, Kyrgyzstan, Ethiopia, Angola, Malawi, Yemen, Morocco, Mongolia, Myanmar, Guatemala, Ghana, India and Madagascar.
- ***Countries that export salt to other countries***  
Over 75% of global salt production is concentrated in 10-15 countries which produce and export salt. Many developing countries import salt from developed countries or subsidiary salt producers headquartered in developed countries. The major salt exporting countries are: Belarus, China, Ghana, Eritrea, India, Kenya, Senegal, South Africa, and Ukraine.
- ***Countries where salt supply comes from small scale producers***  
Some countries, especially in Africa and Asia, have  $>25\%$  of their salt produced by small scale producers. These producers face particular problems in terms of technology and quality control for iodizing coarse salt, and the economics of passing iodization costs on to consumers or recovering costs when their market share is small.

There are three other groups of countries that are less urgent for action in the short term but where the Network can provide support through its regional advocacy meetings that bring together national government representatives to learn from one another. In a few cases, the Network can also provide support directly to countries through technical assessment teams to identify roadblocks and suggest solutions to achieve and sustain USI.

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<sup>2</sup> India, Pakistan, China, Bangladesh, Ethiopia, Afghanistan, Indonesia, Nigeria, Turkey, Philippines, Mali, Angola, Egypt, Myanmar, Nepal, Burkina Faso, Vietnam, South Africa, Yemen, and Thailand, (*in order of numbers of unprotected infants*), see Table 1.

<sup>3</sup> See footnote 3.

- ***Countries that have experienced backsliding from previous high rates of salt iodization and need specially tailored approaches***  
In some cases, the political and economic framework has changed such as in the case of the CIS countries of the former USSR. In other cases, consumer concerns have discouraged table salt use combined with reduced acceptance of additives of any kind to food so that iodine deficiency diseases are increasing. This is the case of Western Europe. Civil conflict in Sierra Leone has led to a reduction from 75% of population covered in 1995 to only 23% in 2000. Other countries with significant backsliding in the last decade are India, Vietnam, Ethiopia, Egypt and Bolivia.
- ***Countries that are close to reaching 90% iodized salt coverage***  
These countries need energizing to reach the goal of >90% sustained coverage of households. They include: Armenia, Bhutan, Cameroon, Central African Republic, Honduras, Jordan, Lebanon, Paraguay and Sri Lanka.
- ***Countries that have achieved >90% household iodized salt coverage and must now sustain it***  
About 30 countries have achieved levels of >90% household coverage with iodized salt. Experience has shown that they need regular re-advocacy to maintain these levels.

The Network will focus its own efforts to:

- 1. Secure political commitment for universal salt iodization through advocacy at global and regional levels**  
*International advocacy and mobilization will continue to be a high priority for the Network. The focus will be at regional and sub-regional levels for the period of this strategic plan. The Network will also work to give the elimination of IDD a high profile within its member organizations.*
- 2. Have in place effective regional and sub-regional networks for IDD**  
*The Network will continue to promote the creation of regional multi-sectoral networks (government, industry and civil society) that enable countries within a region or sub-region to discuss regional issues (salt flows, cross border issues, harmonization of legislation etc.); exchange experiences and articulate both needs and strategies.*
- 3. Provide information about global progress towards sustained elimination of IDD**  
*The Network will continue to monitor progress at global and country levels towards sustained elimination of iodine deficiency and undertake gap analysis using its National Indicators matrix to determine the special needs of countries. It will be more proactive in disseminating information on progress in countries and by region as part of its advocacy and technical assistance strategy.*

Largely through its regional and sub-regional networks, the Network will:

- 4. Build national capacity to implement USI and sustained elimination of IDD, particularly through National Coalitions**  
*The Network will focus much of its effort in assisting countries to achieve sustained elimination of IDD. It will use its National Indicators and other monitoring information to identify the needs of individual countries before recommending*

*particular interventions. It will work through its members and through regional networks to promote National Coalitions that bring together government, industry and civil society to lead national progress towards USI and the elimination of IDD.*

**5. Assist industry and governments to make iodized salt available to consumers**

*The Network will provide technical assistance to governments and salt producers to increase the coverage of adequately iodized salt to households. It will place special emphasis on salt exporting countries and exporting producers and small salt producers that face particular technical difficulties in iodizing salt.*

**6. Build laboratory and technical capacity of national governments to monitor USI and iodine nutritional status**

*The Network will assist countries to monitor indicators related to salt iodization, bio-monitoring of iodine status<sup>4</sup> and will help them to be linked to one of the International Resource Laboratories for Iodine.*

**7. Promote the adoption and implementation of public education programs at regional and national levels**

*Key to the success of the global IDD elimination campaign is for civil society including community leaders, women of child-bearing age, and young people to be made aware of the harmful effects of ID and the relative low cost of the strategy to eliminate it. The Network will assist governments in setting up and implementing such program.*

**8. Develop and implement special strategies to address the needs of hard-to-reach populations and communities living in emergency situations**

*The Network will support members to provide stop-gap interventions to targeted populations (women of child-bearing age without access to iodized salt, rural and distant populations; populations in emergency situations through civil conflict and natural disasters; refugee and displaced populations).*

Among the key activities of the Network Secretariat will be:

**9. A Communications Strategy**

*Effective communications underpin much of the Network's strategy. This includes the urgent need to get the message out, especially to key constituencies that IDD affects mental development in addition to its other health impacts, and that iodized salt is an inexpensive and effective solution. It also means opening up a dialogue for two-way communications from constituencies and countries to regional networks, and to the Network and its members.*

**10. Mobilization of additional resources to accelerate progress towards the sustained elimination of IDD.**

*The Network brings together the technical, organizational and financial resources of organizations in the public, private and civil society sectors. It will strengthen its efforts to bring additional resources to the international effort to accelerate sustained elimination of Iodine Deficiency, including fundraising to support the achievement of its major program objectives.*

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<sup>4</sup> WHO, 2001, Assessment of Iodine Deficiency Disorders and Monitoring their Elimination: A Guide for Programme Managers; Second edition: WHO/NHD/01.1