

Sustaining the elimination of iodine deficiency disorders

The Fifty-eighth World Health Assembly,

Having taken note of WHO's report on iodine status worldwide;¹

Affirming the priority of preventing and controlling iodine deficiency disorders contained in resolutions WHA49.13 and WHA52.24, and the elimination target set by the United Nations General Assembly twenty-seventh special session;²

Concerned that iodine deficiency disorders remain a serious public-health threat in that they cause invisible brain damage to hundreds of millions of children as well as visible goitre, cretinism, stillbirth, miscarriage and physical impairment;

Noting that the global battle against iodine deficiency disorders through universal salt iodization constitutes one of the most cost-effective interventions, contributing to economic and social development;

Recognizing that the final choice on a measure should always be defined taking into account the degree of iodine deficiency in order to manage the risk of excessive iodine intake in the most sensitive populations, namely infants;

Noting resolution WHA57.17 on the Global strategy on diet, physical activity and health and the necessity that action in respect of iodine deficiency is compatible with the strategy recommendation to limit salt (sodium) consumption from all sources;

Recognizing that in the past decade 2000 million more people have adopted the use of iodized salt, but that despite that substantial progress fully one third of the world's population still remain at risk, mostly in the poorest and economically least developed areas;

Realizing that a sustainable solution such as universal salt iodization is needed in order to maintain the regular intake of trace amounts of iodine, because deficiency disorders cannot be eradicated, and interruption of such regular intake paves the way for their return;

¹ *Iodine status worldwide: WHO Global Database on Iodine Deficiency*. Geneva, World Health Organization, 2004.

² United Nations General Assembly resolution S-27/2.

Convinced that sustainability of control activities requires communication and public education in order to maintain the continuing use of iodized salt and to avoid the reappearance of deficiency disorders in the absence of long-term control strategies;

Applauding the establishment in 2002 of the global Network for Sustainable Elimination of Iodine Deficiency as a model of public/private collaboration among stakeholders for a worldwide effort, in which a number of salt associations are founding members along with international development agencies and Kiwanis International,

1. URGES Member States:

(1) to strengthen their commitment to sustained elimination of iodine deficiency disorders as part of their regular health programmes and anti-poverty efforts including through universal salt iodization;

(2) to take urgent measures to reach the remaining one third of the world population, mostly the poorest and economically disadvantaged groups;

(3) to include health promotion in their control strategies so that the use of iodized salt becomes a standard practice based on awareness of the need for iodine in the diet in order to ensure physical and mental well-being, especially for expectant and breastfeeding mothers and infants and young children;

(4) to establish multidisciplinary national coalitions that include the salt industry (salt producers, distributors, and retailers), and the education and media sectors, in order to monitor the state of iodine nutrition every three years and to report to the Health Assembly on progress;

2. REQUESTS the Director-General:

(1) to strengthen cooperation with Member States, at their request, with international organizations, including UNICEF, bilateral aid agencies and international bodies such as the International Council for Control of Iodine Deficiency Disorders, the Micronutrient Initiative, and the Global Alliance for Improved Nutrition, in providing technical assistance to regulators and salt producers in producing and marketing iodized salt, strengthening quality control systems and facilitating a network of reference laboratories for estimation of iodine intake;

(2) to strengthen advocacy efforts involving public media and civil society for renewed commitment to combating iodine deficiency disorders, including appropriate research with relevant partners;

(3) to report on implementation of this resolution to the Sixtieth World Health Assembly, and every three years thereafter.

Ninth plenary meeting, 25 May 2005
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