

Technical Task Force - Elimination of Iodine Deficiency: Reviewing Lessons Learned and State-of-the-Art Knowledge

Terms of Reference for the Iodine Task Force

The IDD Technical Task Force was formed under the umbrella of the Network for Sustained Elimination of Iodine Deficiency in April 2010 to examine new and emerging knowledge and experiences that have implications for the way IDD elimination programs are designed, implemented and monitored.

The Task Force aims to obtain an as wide as possible knowledge base as possible and, therefore, suggested participation includes members from the Iodine Network. Other relevant individual experts and other organizations will also be included.

At an initial meeting of the Task Force, held on 16 April 2010, a series of key issues was identified and form the basis for the formation of Five Working Groups, as below and Annex 1:

1. Establishment of salt iodization standards to achieve optimal iodine intake
a. Need to know salt intake from different sources, e.g. household salt, food industry salt
b. Knowing natural iodine sources in the diet other than program interventions
2. Collection and interpretation of data on iodine status
3. Collection and interpretation of iodine content in household and Food industry salt
4. Include iodine in other interventions (tablets, home fortification..)
5. Goal and program indicators

Over the next year, the Working Groups will meet (virtually and possibly directly) in order to address their topic. In order to guide this work, the following scope has been drafted and will be discussed among the Task Force during a Teleconference scheduled on 7 June, 2010.

1. Overall Structure and Management of the Task Force

There will be a Steering Group made up of WHO, UNICEF and ICCIDD. The three agencies will effectively 'chair' the Task Force as a way to ensure buy-in from the main normative and implementing agencies. The Steering Group will be asked to guide and endorse the general work of the Task Force and provide input to the overall direction and expectations. The SG will help to assure that the work is aligned with and feed into the systematic review on salt iodization carried out by WHO. Further, the SG will also ensure that final product of the Task Force will feed into a revision of field-appropriate program guidelines (WHO/ICCIDD/UNICEF Guidelines for Program Managers). The Steering Group is composed of Luz Maria de Regil (WHO), David Haxton (ICCIDD) and Arnold Timmer (UNICEF).

A day-to-day Management Group will be made up of Arnold Timmer (AT), Frits van der Haar (FVDH), Jonathan Gorstein(JG) and Lucie Bohac (LB) that will have the overall responsibility to a) define the working structure and processes, b) manage day-to-day tasks, c) guide and keep the Working Groups on track, and generate the necessary background research that will lead to the delivery of a product and d) also support further logistic and communication support where needed.

JG will be responsible for the overall coordination between the focal points of the individual Working Groups to assure that there is standardization among the groups and facilitate.

FVDH will play a technical role and will oversee the individual Working Groups to ensure a harmonized and standardized approach between the WGs, and will take on responsibility to prepare an overall "report" of the WG outputs which synthesizes and serves as the main deliverable. He will guide each working group to make sure that tasks are clear and that there is minimal overlap between the groups and will produce a monthly report on progress for sharing with the Steering Group

LB will act as the link between the Iodine Network Board and the Task Force and share reports from the Task Force and vice versa feedback from the Board with the Task Force.

2. Management of Working Groups

Expected Outcome of each WG:

- Comprehensive reviews and background analysis of key questions (see Annex 1)
- Programmatic recommendations emerging from reviews

Role of Focal Points:

- The individual WG focal points will be responsible to make sure that the WG defines what it intends to contribute, define all critical questions to be addressed, the timeline and mechanisms for the collection of participant contributions.
- The Focal point will be expected to coordinate conference calls, meetings and communication among the participants, facilitate discussions and ultimately be responsible for the submission of a report of the Working Group deliberations (to the Management Group - FVDH)
- If resources are needed or if further coordination is required for the WG's, Lucie Bohac has made herself available and this can be obtained by the Focal Point.
- Face to face meetings can be held upon decision and organization of each working group

Role of WG participants:

- Take on key issues as part of the overall mandate for the WG, and provide a comprehensive review of the issues, the history and current status, as well as the programmatic implications.
- This work should lead to the preparation of a draft paper that will be shared with the other WG participants and subsequently integrated into a single document for the WG as a whole.

Support mechanisms:

to be discussed and determined.

Proposed Timeline

- May 2010 – Define the composition of Working Groups, identify focal points for each WG, define broad tasks (what will be covered), develop frameworks and resources, if needed
- June 2010 – WG formed and within each WG, review and agree on ToRs, initiate work, consider time and resource requirements, members specify time/resource allocation, determine implementation plan for each working group, conference call and update between WG Focal points and FVDH (end-June)
- July-Oct 2010 – Continue work, draft individual papers on key issues, monthly conference calls or e-mail updates sharing drafts among WG participants
- August 2010 – Meet with WHO Nutrition Section to provide input for the systematic review
- End Oct 2010 – Each WG to submit a draft report to the Management Group
- Nov 15-19 2010 – Presentation of preliminary observations to WHO NUGAG
- Dec-Feb 2011 - Continue work and revise papers
- March 2011 - Submit papers from each WG to FVDH
- April 2011 - Presentation of Task Force work and proposed recommendations to Iodine Network Board

Consider additional modalities for dissemination – reports, articles in peer-review journals, guidelines (WHO or joint WHO/UNICEF/ICCIDD)

Annex 1. Working Groups for the Iodine Nutrition Task Force

Issues	Key Questions/ Background
<p>1. Establishment of salt iodization standards to achieve optimal iodine intake</p> <p>c. Need to know salt intake from different sources, e.g. household salt, food industry salt</p>	<p>A. In terms of efficiency and impact of the IDD elimination effort? How to determine which food industry salt should be iodized? What is the contribution of household salt / food industry salt to the total salt intake in various common national diets?</p> <p>B. What are outcomes and consequences in countries which use iodine in food industry salt? What are the experiences and practices of countries that use iodine in food industry salt?</p> <p>C. What are the elements to consider to include iodine in food industry salt – program tools?</p>
<p>d. Knowing natural iodine sources in the diet other than program interventions</p>	<p>A. In which situations should we find out if there are natural dietary iodine sources?</p> <p>B. Which potential iodine sources can we identify <i>in addition to</i> the program interventions [household/food industry salt/ supplements/Home fortification] – natural food sources, water, contaminants? What are the natural sources of iodine and how to monitor?</p> <p>C. How to set salt iodization levels and need for adjustment?</p> <ul style="list-style-type: none"> • How often would you want to revisit the question • What data would you need for making adjustments • What regulatory implications / issues get raised

Issues	Key Questions/ Background
<p>2. Collection and interpretation of data on iodine status</p>	<p>A. What is the agreement regarding the iodine status data in different age groups?</p> <ul style="list-style-type: none"> • Are the current cut-off points for UIE appropriate to establish public health criteria (for both adequacy and excess) • In which age groups should we be measuring iodine status? <ul style="list-style-type: none"> ▪ Pregnant women ▪ Women of Reproductive Age ▪ School age children ▪ 6-24 month olds <p>B. What is the best way to analyze and present the statistical properties of UIE?</p> <p>C. What is the potential for field-friendly tools to measure UIE levels?</p> <p>D. What additional guidance/research is required on Tg to make it more useful for impact monitoring?</p>
<p>3. Collection and interpretation of iodine content in household and Food industry salt</p>	<p>A. Regulatory Monitoring</p> <ul style="list-style-type: none"> • Review of methods to determine the adequacy of iodine content in salt at production level • How best to monitor/inspect iodine in food industry salt? <p>B. National –level coverage (Household and Food industry salt):</p> <ul style="list-style-type: none"> • Do we use RTK or quantitative measure in surveys? How do we capture the use of iodine in Food industry salt?

Issues	Key Questions/ Background
	<p>C. Global level [internal discussion]:</p> <ul style="list-style-type: none"> • How do we convert UNICEF database [current >15 ppm] and related progress tracking [newborns protected; regional and global averages]
<p>4. Include iodine in other interventions (tablets, home fortification..)</p>	<p>A. Provide considerations for setting up and implementing iodine-in-oil supplementation</p> <p>B. Is the inclusion of iodine in multiple interventions appropriate? Is this modified by age? What are the trade-offs between risks (of excess) and benefits (of IDD prevention)?</p> <p>C. How do we decide whether iodized oil supplementation is a feasible short-term approach if salt iodization cannot be rapidly scaled up (as per WHO/UNICEF recommendation)?</p>
<p>5. Goal and program indicators</p>	<p>A. When is the goal met for sustainable elimination of IDD? Do goal posts need redefinition? What happens and what to do when there are conflicts between USI and UIE?</p> <p>B. Is there a need to develop other criteria (i.e. optimal iodine nutrition)?</p> <p>C. Is the list of current program sustainability indicators appropriate</p> <p>D. Are all of the sustainability indicators relevant? Should they be accorded equal weight?</p> <p>Should the level in the goal post (> 90% with 15-40 ppm) be change to 'national standards'?</p>