

Can legislation on salt iodization be harmonized in Europe?

Wouter Lox Managing Director, EU Salt

The joint WHO and UNICEF report published in 2007 on “Iodine deficiency in Europe: A continuing public health problem” described the situation of iodine deficiency in Europe as a major public health concern. It set out to assess the existing IDD-prevention strategies, identify the reasons why they haven’t been effective, and provide public health authorities with the information required to improve the iodine status of deficient populations. Following this publication, many initiatives were undertaken by stakeholders, including the Iodine Global Network. Despite these efforts, the elimination of iodine deficiency has not been recognized in the European policy setting as an urgent public health concern. Here, we aim to identify the missing ingredient and propose a solution that could help to eliminate iodine deficiency in Europe.

Identifying the barriers to optimal iodine nutrition

Although the consequence of iodine deficiency is irreversible mental retardation, the European policymakers have not been motivated to afford it the same level of attention as other serious public health concerns such as sugar, fat, and salt reduction. This attention is essential to kick-start a policy discussion that would help to bring the issue to the consciousness of consumers and policymakers, who could then support optimal iodine nutrition at the national level. Such concerted action should involve all stakeholders that have a role to play in improving the iodine status in Europe.

The salt industry in Europe has been instrumental in providing iodized salt to consumers and has long recognized its role in supporting international organizations like

the Network for Sustainable Elimination of Iodine Deficiency, currently the Iodine Global Network, who in turn support the WHO and UNICEF global policy efforts. Yet, the use of iodized salt in Europe is in decline. The 2016–2017 annual report of the Comité des Salines de France shows a 36.5% drop in the sales of iodized salt in 2015 compared to 2005. This trend can be seen in several countries.

Unsatisfactory legal framework

We could attribute this decline to lower consumer awareness and a lack of national health policies, but more importantly, also to national regulations, which have the power to limit the free movement of iodized salt and food products that contain iodized salt across the national borders. The problem is compounded by a non-harmonized regulatory environment of the EU, which is the result of the following European legislation:

- **Article 168 of the Lisbon Treaty** on the Functioning of the European Union clearly states that: “Union actions shall complement national policies,” meaning that public health remains the responsibility of the member states. The European Commission can act as an initiator and coordinator of joint actions of member states; however, it cannot draft or impose national public health policy. As a result, the 2016 global map of legislation on salt iodization reflects a huge diversity and complexity of the national approaches to iodine fortification (mandatory vs. voluntary iodization, different recommended and permitted levels of iodine in salt and food products containing iodized salt, inclusion and exclusion of certain foods or food categories from fortification). This scattered and complex system is what limits the free movement and marketing of iodized products across the member state markets.



The annual Zinneke Parade celebrates the melting pot of cultures and ethnicities in Brussels, the seat of the European Union Council. Policymakers from across Europe must come together to harmonize their IDD prevention strategies.

• **Regulation (EC) No 1925/2006 on Addition of Vitamins and Minerals to Food:**

This regulation sets the conditions, restrictions, and levels at which nutrients can be added to foods. There has been some agreement that iodization should be restricted to salt alone. However, despite extensive consultations with all stakeholders on what the harmonized iodization levels should be, there is currently no consensus. In 2006, the European Commission issued a “Discussion Paper on the setting of maximum and minimum amounts of vitamins and minerals in food-stuffs,” but due to the divergent views, member states continue to impose restrictions on these products based on national public health concerns.

• **Regulation (EC) No 1924/2006 on Nutrition and Health Claims:**

This regulation governs the creation of Nutrient Profiles, which allow producers to make health claims on certain foods. Although several health claims on iodine as a nutrient have been approved by the European Food Safety Authority (EFSA), there is no regulatory framework that would permit harmonized communication regarding the purpose and need to consume the added nutrient. This is a failed opportunity to promote public awareness and, ultimately, informed consumer choice.

In addition to these regulatory hurdles, the European Commission Directorate General (DG) for Health & Food Safety does not currently recognize that Europe is iodine deficient, or that optimal iodine nutrition should be included in its 2016–2020 Strategic Plan (which sets targets on other cost-effective strategies to prevent chronic diseases, and promotes integrated strategies, such as fat and sugar reduction to prevent NCDs). Effectively, this has prevented initiatives to modify the regulatory framework to eliminate the trade barriers. Yet, it doesn’t come as a surprise: since the 2007 WHO/UNICEF report, not a single policy statement has been issued by WHO–Europe in regard to iodine deficiency.

Iodine deficiency clearly does not rank high on the European political agenda. Scientific stakeholders are striving to raise awareness but have not been able to reach

the broader public, all the stakeholders, or the political influencers who could spur the European and national legislators into action.

Harmonization or one-size-fits-all?

From the public health point of view, universal salt iodization (USI) is recognized as the most economical, convenient, and effective strategy to prevent IDD. To successfully advocate for EU-wide policy action, it is essential to understand how the Brussels-based European institutions undertake initiatives in this field. First though, essential to any initiatives are 1) the recognition that iodine deficiency is a problem (with the 2007 report providing the basis for this claim), and 2) involvement of all stakeholders. The latter may be difficult to achieve since, in 2017, iodine deficiency is not a European concern, or even a public concern. The relative success of salt iodization has meant that the visibility of iodine deficiency disorders is very low (in contrast, almost everyone knows someone affected by CVD, obesity, or cancer), and the understanding is lacking that impaired brain development today has a future economic impact.

While we recognize the need for harmonized policy in Europe, it is also important to understand the distinction between a harmonized and a single policy approach – the latter may not be the best or even a feasible solution for all member states, and would certainly generate opposition from national competent authorities. Different approaches should be recognized and discussed.

For example, it would be possible to set an EU-wide minimum iodization level of salt in accordance with the WHO recommendation, and adapt the regulatory framework to still enable appropriate complementary actions at the national level. Lifting the barriers would enable marketing and movement, which would help to raise awareness of IDD among the public.

All hands on deck

Tackling iodine deficiency in Europe through salt iodization policies will require a multi-stakeholder approach, with all actors having a major role to play. Involvement of WHO-Europe will be needed to re-emphasize the need to eliminate iodine deficiency in Europe. Iodine deficiency should also be

included in the next Strategic Plan of DG Health and Food Safety, and in health promotion campaigns. Both will be needed for effective lobbying for health policy change at the European level, which will then help guide and coordinate national programs. While previous lobbying by scientific communities successfully raised national awareness, it did not lead to European action.

To understand the variance in iodine nutrition across Europe, harmonized assessment of iodine status will be necessary. The EUthyroid project will be instrumental in establishing a common monitoring framework. In addition, all stakeholders should be aware of the WHO endorsement of salt iodization in parallel with salt reduction efforts as complementary public health strategies. Finally, a major public health campaign will be needed to empower consumers to make informed choices about iodized salt and food products that contain it.

First steps toward commitment

The World Iodine Association conference on November 15–17, 2017 in Pisa (*see summary on p. 8*) offered a unique opportunity to initiate multi-stakeholder exchange and collaboration, leading to commitment to EU-wide IDD policy. A public pledge to undertake this commitment could serve as a call to European policymakers for including iodine elimination as a public health goal in the strategic planning for 2020–2024.



Wouter Lox is Managing Director of the European Salt Producers' Association

eusalt
EUROPEAN SALT PRODUCERS' ASSOCIATION