Strengthening IDD prevention in Eastern Europe and Central Asia

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In the photo (L-R): Frits van der Haar, IGN Senior Advisor; Gregory Gerasimov, IGN Regional Coordinator for Eastern Europe/Central Asia; Yuri Oksamitny, UNICEF Kazakhstan; Prof. Turegeldy Sharmanov, President of the Kazakh Academy of Nutrition

In the Central & Eastern Europe/Commonwealth of Independent States (CEE/CIS) Region, universal salt iodization strategies gained strong momentum during 2000–2009. By the end of that decade, several countries in the region had already achieved optimal iodine nutrition, other countries were soon to follow suit, and in only a few instances the progress toward USI had been slow. But most importantly, an effective national ability to pursue USI through coalitions had been initiated in almost all CEE/CIS countries. It has been widely accepted that, without joint collaborative oversight to ensure sustained USI, the threat of IDD will inevitably return.

With time, the landscape of nutrition has changed, and with it the context of the national programs. The importance of processed foods is becoming paramount to iodine nutrition, provided these foods are formulated using iodized salt. Efforts to reach groups that are particularly vulnerable to the consequences of iodine deficiency (i.e., pregnant and lactating women, infants) with iodine supplementation still persist in the Region, sometimes at the expense of genuine USI commitment. To tackle high blood pressure levels, national strategies to reduce salt intakes are gaining momentum, and to avoid counter-productive policy practices, the need to ensure synergy between the two strategies (salt reduction and salt iodization) has come to the fore. These changes in the landscape require new forms of collaboration in research, M&E, and advocacy and communication. With this background in mind, UNICEF and the Iodine Global Network conducted a sub-regional workshop for countries of Eastern Europe and Central Asia in Almaty, Kazakhstan on September 24–25, 2015.

The workshop was attended by 50 participants from 10 countries: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyz Republic, Russia, Tajikistan and Uzbekistan. Participants included government officials (Ministries of Health, Sanitary-Epidemiological and Consumer Protection Services), health and nutrition experts, salt industry representatives, in addition to UNICEF and IGN representatives. The workshop aimed to review country progress, share key experiences and lessons learnt, and develop country-specific plans (Road Maps) to ensure sustained IDD elimination.

Key issues and achievements

The workshop presentations and discussions focused on the following key issues:

- Legislation and the normative base
  All 10 countries have enacted IDD/USI legislation, and in 8 countries the legislation has a clear provision for mandatory iodization of all types of salt, both for retail sale and use in the food industry. In Belarus, the law requires that iodized salt is used in bread baking and other processed foods (except seafood), while non-iodized salt remains permitted in consumer retail sales (the market share of non-iodized consumer salt is less than 30%). The Russian Federation currently has a voluntary model of salt iodization, but an amendment that would mandate fortification of certain staple foods with micronutrients has been introduced to the Parliament in September 2014. This amendment has not been adopted thus far, due to differences in positions between the concerned government agencies. In June 2015, the Parliament of Uzbekistan adopted an amendment to the existing USI law, which removed the requirement to provide non-iodized salt to people who may have a “contraindication” to iodized salt; now all salt intended for human consumption must be iodized.

- Quality assurance (QA) and quality control (QC) of iodized salt
  Eight out of the 10 countries are primary producers of iodized salt, although they are also salt importers.
The Kyrgyz Republic and Georgia do not have their own natural salt resources and rely exclusively on imports. Some salt processing businesses in the Kyrgyz Republic are importing non-iodized salt from Kazakhstan and iodizing it locally. In the Russian Federation, Belarus, Kazakhstan, Armenia, and Turkmenistan, the main salt producers have long-established QA/QC procedures in place (some are ISO-9000 certified), and they supply good-quality iodized salt. In Azerbaijan, the Azersun Holding has recently established a modern plant for the production of high-quality iodized salt, which could potentially cover the entire national demand and replace the low-quality salt supply from the many small cottage producers (see also article on page 14). Problems with the QA/QC of iodized salt supplies still remain in Tajikistan, Uzbekistan, and the Kyrgyz Republic (mainly with local iodized salt processing). Recent assessments show that more than 90% of the iodized salt in Khatlon region of Tajikistan is of poor quality due to the intermittent sourcing of potassium iodate. Significant problems with potassium iodate also affect Uzbekistan. In the Kyrgyz Republic, the Association of Salt Producers has recently established a revolving fund to facilitate a constant supply of good-quality, reasonably priced potassium iodate through the GAIN Premix Facility. One of the major salt producers in Tajikistan also sources its fortificant from this facility, and this practice should be extended to the salt producers in Khatlon. Contract arrangements between the salt producers in the region and the GAIN Premix Facility should be further encouraged and supported.

**National pro-USI oversight coalitions**

National coalitions exist in most countries of the Region, but almost all are informal, i.e., they have no organized or officially sanctioned structures, permanent membership or operational budgets. In the Kyrgyz Republic, the coalition is mostly driven by the Kyrgyz Salt Producers’ Association, together with health professionals and a consumer interest group, supported by the government and donors. In the Russian Federation, an informal coalition (Public Coordination Council) continues active lobbying of the government structures for USI legislation. In Belarus, a coalition is driven by the country’s leading health professionals, whose role is to ensure the sustainability of the USI strategy and to conduct regular, small-scale USI/IDD evaluation surveys. In Kazakhstan, the Kazakh Academy of Nutrition represents the pro-USI coalition in overseeing the regular monitoring of iodized salt use and iodine nutrition in the country. The Ministry of Health of Turkmenistan provides strong leadership in effective USI. Overall, national USI coalitions require further encouragement, support, and strengthening to assure continued national IDD prevention.

### Alignment of salt iodization and salt intake reduction strategies

There is increasing focus in Western countries on efforts to reduce population salt intakes through public education and by gradually lowering the amount of salt used in industrial manufacturing of flour, dairy, and meat products. Similar initial policy considerations are taking place in Belarus, Kazakhstan, the Russian Federation and Uzbekistan. Starting in 2015, the regular annual cycles of iodine nutrition biomonitoring surveys in Kazakhstan will collect data on salt intake in adult men and (non-pregnant) women through 24h urine collections in an effort to support coordinated policy development and to prevent USI from losing its impact as salt intakes start falling. Although policy changes to reduce salt intake are being considered in most countries, no specific educational or product reformulation activities have commenced yet.

Each country team presented a detailed update on the status of their IDD/USI activities as of September 2015. Each team developed a draft “Sustainability Road Map” with the aim to achieve appropriate revisions and changes in the national USI strategy over the next 3–4 year period. These “Sustainability Road Map” drafts are currently being reviewed by IGN consultants, and they will be finalized together with the country teams by March 2016.

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**IDD/USI monitoring and evaluation**

Monitoring and evaluation (M&E) are critical components of sustainable salt iodization programs. The previously successful program of endemic goiter prevention and control in the USSR declined gradually when monitoring stopped during the early 1970s upon finding evidence of success. In all 10 countries, government statistics agencies collect information about the production and/or import of iodized salt. In Kazakhstan, this data is incorporated in the national statistics report. In at least five countries (Turkmenistan, Russia, Belarus, Kazakhstan, Kyrgyzstan) the quality of iodized salt is routinely externally controlled by the public health system services at production (factory) and retail (markets, shops) levels, and also at catering establishments, hospitals, bread bakeries, and food manufacturers. Over the past 5–6 years, periodic national or subnational IDD/USI surveys have been conducted in Kazakhstan, Tajikistan, the Kyrgyz Republic, Uzbekistan and Belarus. In Kazakhstan and Uzbekistan these surveys were funded entirely by the national governments, while in Tajikistan, the Kyrgyz Republic and Belarus they depended on external support (mostly from UNICEF). There have been no national surveys in Georgia (since 2005), Armenia (2006), Azerbaijan (2009) and Turkmenistan (2007), and the Russian Federation has never conducted a national survey. The IGN is supporting preparation for national surveys in Georgia, Armenia, and Turkmenistan, planned for 2016–17.

Successful salt iodization programs help children in many Central Asian countries reach their full intellectual potential.