

## **Section VI**

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## **1. Introduction**

Lest we forget, Iodine Deficiency Disorders (IDD) is a story of human suffering—cretinism with its tragic and brutal impact, visible goitre and its deformities, and above all the vast invisible, silent and life-long mental and physical impairment that are its consequences. Fighting IDD and preventing this suffering, however, is an inspirational story of unprecedented multidisciplinary societal effort.

In terms of its impact on humanity, IDD threatens and harms more people than many of the most feared scourges. An estimated two billion people in 130 countries are at risk. Yet, prevention is today well understood and achievable: regular use of the right kind of salt, an indispensable and low-cost food for everyone.

### **1.1 Aim: A Behavioral Norm**

Communication is at the heart of the effort to combat this devastating micronutrient deficiency. At the beginning of the last decade, even as world leaders were gathering in New York to take up the issue of fighting iodine deficiency, one of the goals of the World Summit for Children (1990) there was widespread ignorance about the magnitude of its harmful effects among policy and decision makers, development agencies, and the mass media. The role of communication thus ranges from disseminating data about impact on brain development in fetuses and infants to positioning iodine deficiency not only as a social and health issue but also as a development and economic issue, from launching over a hundred national programs to the mobilization of the salt industry as a principal player, from spreading the word about the benefits of iodized salt to tailoring messages for specific audiences, and finally from involving civil society to making the use of iodized salt as the behavioral norm.

Communication, the sharing of meaning for a common understanding, does not stand-alone. It is an integral part of virtually every step in the global campaign against IDD and a critical element of any national IDD program. Other chapters may cover various aspects of the communication story directly or indirectly. This chapter focuses on planned and purposeful communication in advocacy for policy support as well as on educating the public about the daily necessity of ingesting iodine from iodized salt or other conveyors.

The chapter covers some of the issues crucial to the challenge—the first of its kind in the age of globalization—of changing a choice of

condiment in the highly competitive environment of commercial food products.

### **1.2 National Responsibility**

Fighting IDD is, first and foremost, the responsibility of sovereign states. International development organizations - multilateral, bilateral or non governmental – may provide technical or financial assistance, but all IDD programs are national. First credit for the phenomenal progress in some countries must go to national efforts, including those in communication. Countless critical face-to-face encounters, meetings and events involving media outreach were involved. It would be impossible to acknowledge, even to list, all the efforts. It is possible, however, to sketch some of the communication issues encountered.

## **2. Mobilizing Political Will**

Many seminars, meetings and conferences on health and development, including the decisions by countries in South Asia and Africa at regional assemblies, helped to mobilize the political will to tackle IDD. None played a greater role than the historic 1990 UN Children's Summit, a groundbreaker in the annals of development in general and in social development in particular. It was at the 1990 Summit that the political leaders of the world committed their countries to the virtual elimination of this ancient scourge as one of the goals of the Summit.

The communication benefit of the Summit cannot be overstated. The extensive series of national and regional meetings that preceded it attracted massive media coverage in developing countries and enlivened discussion among development professionals. This resulted in a strengthening of political will so essential to any major development progress. Scores of magazine covers, special weekly supplements, public affairs television programs, daily newscasts as well as roundtable discussions generated interest in IDD among international development circles hitherto unaware of the issue. Media coverage of the Summit itself was unprecedented. For instance, Time magazine, the popular international news weekly, devoted two cover stories to the Summit. Television networks in all regions of the world provided extensive coverage of the event. The Summit Declaration and the goals adopted by the leaders were widely publicized. Credit must be given to those involved in

the communication aspects of the Summit at the country, regional and international levels.

### **2.1 The Goal of Virtual Elimination**

The Summit went beyond the adoption of goals. National Plans of Action, an immediate follow-up of the Summit, and UNICEF's annual Progress of Nations reports that measured progress towards the goals all helped to keep the focus on the global program.

As a prelude to the Summit, the UN Sub-Committee on Nutrition in February 1990 and the World Health Assembly in May took up the issue of iodine deficiency. Following the Summit, the 1991 Ending Hidden Hunger conference in Montreal, the 1992 Rome International Conference on Nutrition and the 1992, 1996 & 1999 World Health Assembly and other international development meetings further consolidated the political will (see further Section II).

## **3. Disseminating IDD Information**

Visible goitre had made its appearances very early in art and sculpture. And for a long time, word of mouth was the main means of spreading IDD information in many developing countries. The invention of printing facilitated the mass distribution of texts, which spread the word about visible goitre to the literate with access to printed material. For a long time, IDD information was not disseminated beyond the scientific community.

In modern times, once salt was identified as a convenient vehicle for delivering iodine, salt companies began iodizing table salt in the 1920s. Mass media began to play a role in IDD communication as pamphlets, posters, magazine, newspaper, radio, and television were used in marketing iodized salt. Iodized salt was first used in Switzerland, but the Morton Salt Co. of the USA led the way in IDD information dissemination in countries where its products were sold. It asserted that children who used iodized salt lived healthier and happier lives and performed better in school.

There has been an understandable reluctance among some cardiologists that the promotion of iodized salt might lead to the overuse of salt. This however, has not been a serious impediment to the general dissemination of IDD information. In point of fact, Joint WHO/FAO Expert Consultation on, "Diet Nutrition and the Prevention of Chronic Diseases"

(WHO Technical Report Series, 916, 2003). Clearly stated the following with respect to salt intake while suggesting ranges of population nutrient intake goals. To quote, “Salt should be iodized appropriately. The need to adjust salt iodization depending on observed sodium intake and surveillance of iodine status of the population should be recognized”.

The deeply imbedded association of visible goitre with a lack of iodine in the diet has impeded popular recognition of the invisible brain damage even mild iodine deficiency can inflict on the fetuses and infants who will form future generations. The image of an enlarged neck or an endemic cretin makes a graphic impression, but a lesser degree of mental impairment is visually hard to portray. It is indeed one of the communication issues that hamper many national efforts in public education. These days, visual goitre is rarely seen in most of the countries. In order for the public to maintain vigilance against IDD, the menace of invisible brain damage must replace visible goitre as the symbol of IDD.

### **3.1 Broadened Scope**

Dr Basil Hetzel introduced the term Iodine Deficiency Disorders (IDD) in 1983, which refers to all the effects of iodine deficiency on growth and development in a population including particularly brain development (Section I). The term has broadened the scope of the fight and made it easier for the lay public to appreciate the scale of the impact of this ancient scourge.

The fact that loss of up to 10 to 13 IQ points even from a mild form of iodine deficiency disorders will reduce learning capacity and result in lower productivity of communities and even nations has ignited the interest of development economists. Such economic arguments have played a crucial role in persuading policy makers to support sustained global IDD elimination. This approach was certainly a key factor in the decision of Premier Zhu Rongji of China to give iodized salt a special state controlled status, even though China was going through a wave of privatization preceding its membership in WTO. The more recent recognition by development economists that the impact of micronutrient deficiencies can account for a reduction of 5% of GDP of a country (World Bank 1994) has further strengthened this IDD message.

In attaining sustained IDD elimination, however, the proof of the pudding is in the eating! In terms of communication and education of the public, it means convincing people to use iodized salt without increase in salt intake as a daily health routine. Working with salt producers in

advertising, promotion and marketing did not feature in early IDD programs and only in recent years have some program planners taken up efforts aiming at behavioral compliance.

#### **4. Behavioral change and Social Mobilization– a Communication Model**

Combating IDD requires changes in policy and behavior. Sustained change requires the involvement of many societal segments and an application of strategies for behavioral change. It calls for an enabling environment and the mobilization of stakeholders.

Much of the first decade of IDD work focused on the production and distribution of iodized salt and setting up of laboratory services, including the training of technical personnel. Getting people to make the informed choice of using iodized salt and to sustain the practice did not get its due attention until the second half of the 1990s.

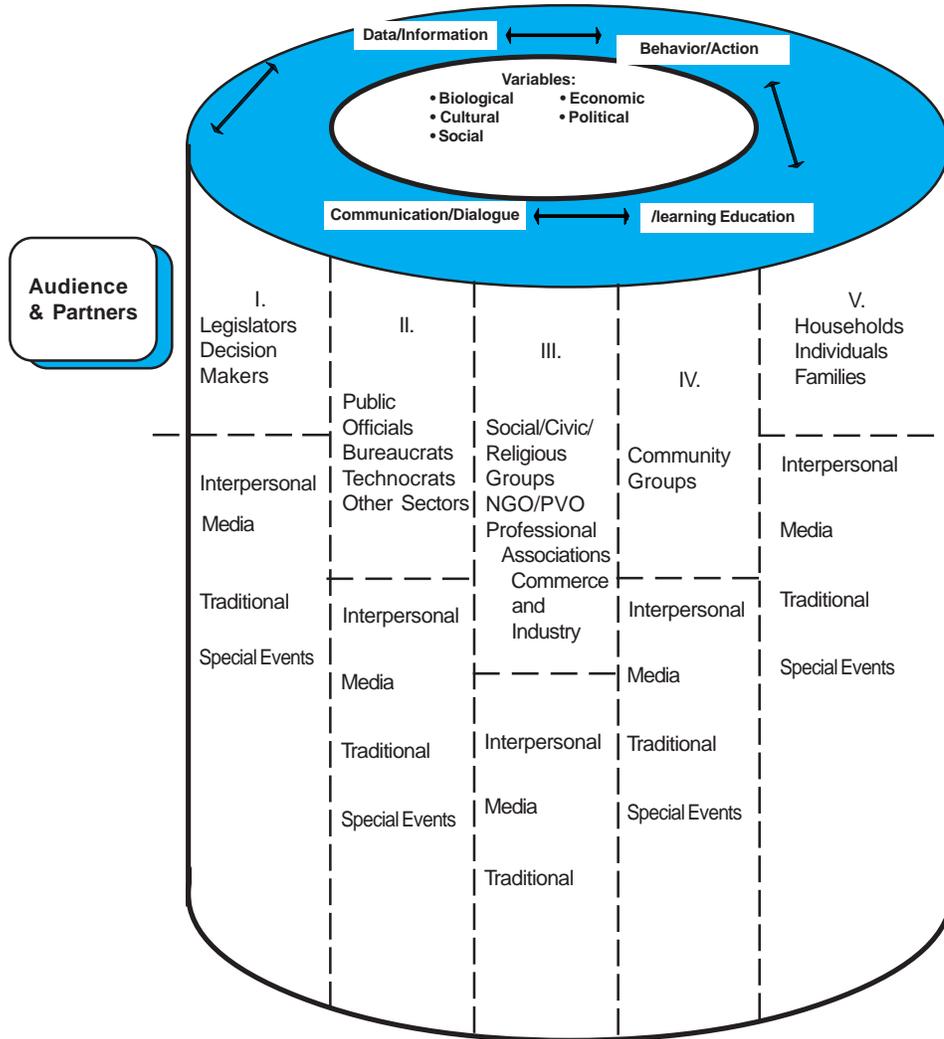
IDD work is often viewed as a quintessential development program involving multidisciplinary inputs and the behavioral compliance of the entire society. Young and old all need iodine for their optimum mental and physical functions. There is a clear need for advocacy for sustained political/policy support, and for cooperation between the private/commercial sector and public/governmental sectors. The communication-oriented model of development, Social Mobilization (SOCMOB), offers the ideal approach. SOCMOB calls for the involvement of all relevant sectors of society for a common development objective. Decision makers, medical scientists and public health professionals, development bureaucrats, salt producers and traders, marketing and media specialists, educators, international and national non-governmental organizations and community groups, and families and individuals all find their respective stakes in the fight against IDD.

The SOCMOB approach can best be illustrated in the following figures (fig. 1 & fig. 2).

##### **4.1 The Norm of Using Iodized Salt**

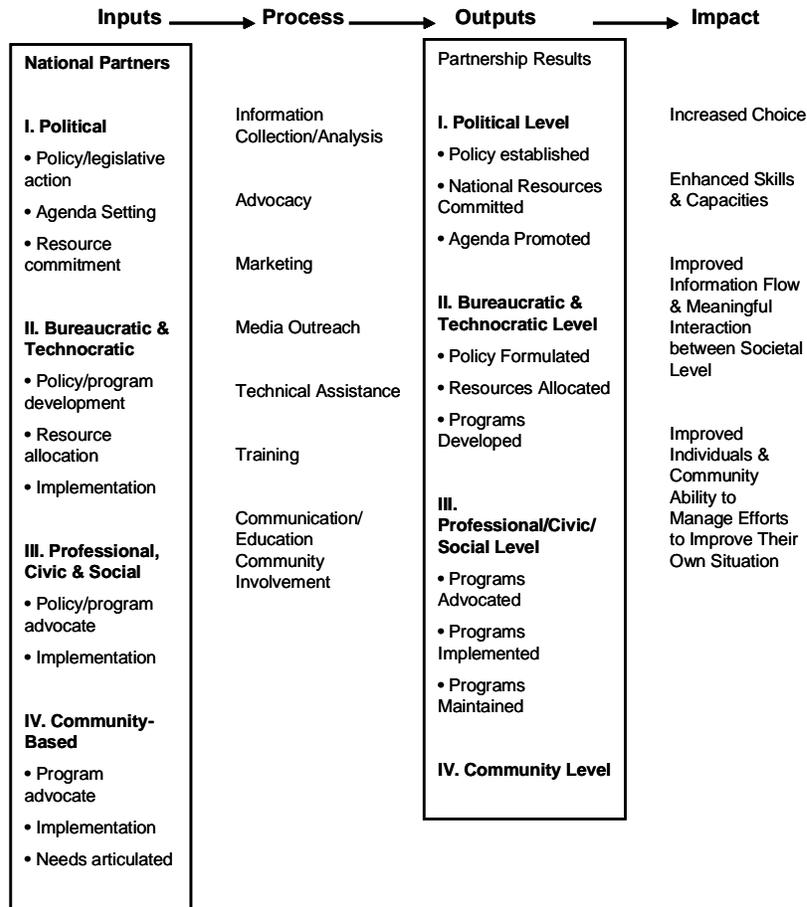
Unless and until another convenient and practical formula to deliver the needed iodine for the public at large is discovered, the battle against IDD comes down to the establishment of the norm of using iodized salt in what we eat, including iodized salt in processed foods. No increase in salt intake is necessary. The use of iodized oil has an instant effect (and

Social Mobilization Continuum: An Illustrative Framework



**Fig. 1** Although circumstances differ from country to country and often from one part of a country to another, this chart illustrates the framework under which different societal elements may have a stake in IDD elimination. The social mobilization strategy calls for partnership with all stakeholders.

**An illustration of the Basic Elements of Social Mobilization**



**Support from International Agencies**

*Fig. 2 The five illustrated segments of society in Fig. 1, representing National Partners, provide inputs. The Partners are supported by international development agencies. Process, which includes various elements of mobilization, leads to outputs. The ultimate end of development is improved economic and social status.*

can do wonders) in severe cases, but its broad application or general public health has not been an option. It is worth reiterating that using iodized salt is not for a period but for all time and for all generations to come. In other words, the success or failure depends on the continuous consumption of such salt and the facilitation of a common practice, or new social norm.

It may be argued that no successful attempt has ever been made to make everybody to learn about, accept and act upon a given piece of new information. There is not an acceptable benchmark for the knowledge base for a behavioral norm. The minimum percentage of public awareness needed for such a norm is also not known. However, the measure of urinary iodine as a marker for iodized salt consumption provides a scientifically based instrument to ensure such behavioral compliance has been developed (see further Section II for 'Wheel' model).

#### **4.2 Brain Damage not Widely Known**

The hard fact remains that an unacceptable proportion of medical and health professionals are still unaware of the brain damage aspects of IDD. In many countries visible goitre continues to overshadow discussion of the topic. As the brain damage issue was not confirmed until the latter part of the 20<sup>th</sup> century, many medical and health texts still do not include this finding.

Another fact is that the very deliberate and successful advocacy of the endocrinologists and development specialists that was brought to bear on the decision to fight IDD by world leaders in 1990 leapfrogged ahead of the usual route a public health problem travels to the attention of policy leaders. In effect, the political decision to virtually eliminate IDD in 1990 raced ahead of the time required for the new scientific facts to reach the rank and file of the medical and health professionals.

#### **4.3 Silent Sufferers**

Moreover, unlike in the case of other ailments where pain and other manifestations are present and sufferers take their problems to the health professionals, children suffering IDD with a lower level of IQ do not know they have been short changed. They do not speak for themselves and bear the burden of impairment for the rest of their life.

Given the state of IDD information, purposeful communication and education activities must be incorporated into the strategy of sustained

IDD elimination that aims at facilitation of the new salt usage norm. Otherwise, those who are persuaded to take up iodized salt as a result of the enthusiastic fanfare of the launch of Universal Salt Iodization (USI) may well drop the habit and bring about the return of IDD. For, it is clear that there isn't yet a solid base of public knowledge of the real impact of IDD for sustained behavior compliance.

#### **4.4 Harder Challenges Ahead**

For the almost a third of the world's population not yet using iodized salt, the tasks ahead require much more understanding of the specific obstacles of different audiences. The old adage, "The easier parts get done first, the harder jobs remain to be tackled", rings true. The harder jobs are often in the more remote areas, involving the least educated and the most economically disadvantaged.

Moreover, the global program against IDD must not stop at 90% of the household usage of iodized salt, the current benchmark for success. In fact, it must continue its march toward universality. Stopping short of total coverage could further marginalize the poorest segment of society. IDD work will help improve the intellectual development of the children of the poor and with it will come stronger learning capacity, increased economic productivity and better social well being. IDD work, in effect, is a useful instrument to help break the vicious cycle of poverty.

One must also accept that in promoting iodized salt one must face the realities of the commercial market. Salt is not a medicine but a commercially available commodity. This means that IDD programs should recognize the competitive nature of the food market, where a hundred flowers compete for attention. Scores of food products ranging from sports drinks to tonics, even from fast foods to fortified cereals, are crowding the airwaves and electronic arena with hammer-and-tong attention-getting messages. These often feature credible personalities in the sports, artistic, and even political circles. IDD messages face heavy competition from friendly and unfriendly fire.

#### **4.5 The Commercial Food Market**

Getting the word out to the last third of the world not yet consuming iodized salt on a regular basis poses a tremendous communication challenge. The multiplication of channels of communication brought on by the ever-changing methods of information dissemination and exchange

has presented both opportunities and difficulties in getting the correct messages to specific audiences. Internet and cyber technologies offer powerful means of communication. But an overload of messages creates even fiercer competition for attention. Countries in the throes of reform taking up the various elements of market economy have added a new dimension to the communication challenges. Effective IDD messages need to be professionally prepared and more focused for specific audiences. This will entail greater investment in communication and education activities that aim at behavioral compliance on a sustained basis.

The ultimate payoff of the global campaign is optimal iodine nutrition for all by ensuring universal access to iodized salt and establishing the practice of using iodized salt as a norm. For this behavioral change on a sustained basis, the careful application of the SOCMOB approach is necessary for the remaining job of eliminating IDD.

## **5. The Pivotal Role of the Salt Sector**

Long before the global effort against IDD, salt companies recognized the value of iodized salt in fighting visible goitre and had introduced their products in the market place. With USI, major salt manufacturers including Morton of the USA, Akzo Nobel of the Netherlands, and salt associations such as the Salt Institute, the European Salt Association and China National Industry Association readily assumed the role of principal stakeholders. However, the majority of the world's people do not depend on products of major salt producers and multinational companies for their daily intake of salt. Some get their salt from convenient lake salt deposits; others help themselves with rock salt wherever they can find it. Still others use inexpensive sea salt, which contrary to popular belief contains little iodine. Most of their salt supply is deficient in iodine, as initially shown in Switzerland. Marketing and advertising activities of the big salt producers do not reach the most remote areas, where impoverished communities have greater need for the protection of iodized salt.

In many countries, salt production was a government monopoly and salt bureaucrats were mostly unacquainted with the realities of competitive marketing in the modern media environment. This was particularly acute in countries undergoing the transition from the centrally planned economy

to market-oriented economy. There are also landlocked countries without salt and other areas that depend on imported salt.

### **5.1 Iodized Salt Messages**

The salt sector, or the salt chain, ranging from top management to retailers, has a special responsibility in disseminating IDD messages. As suppliers and contact points of information for the consumers, they are a natural source of information for the public. Moreover, they can be conveyers of correct or incorrect information. A random enquiry in a number of countries showed that many retailers did not have a sound knowledge of the IDD threat and the value of iodized salt. One retailer was certain that without iodine one would lose all one's teeth. Another insisted that iodized salt increased one's IQ, which if taken literally can lead to overdose of salt or of iodine by parents intent on helping their children to become smarter!

As the retailers are in frequent contact with housewives and chefs who use salt for their daily activities, they are in the position to short cut the route of public health or the education channels and get directly to the people who buy and use salt. Indeed, IDD consumer education is a vital part of the marketing strategy of salt producers. In a number of countries, notably China, such point-of-sale education is being carried out.

## **6. Support from International Partners**

It is axiomatic that all planned and purposeful communication inputs ultimately aim at national sustained IDD elimination. Some national programs have not included communication as an integral part of the strategies and thus failed to achieve the progress envisaged and indeed a few have suffered "backsliding" from initial progress. Nevertheless, the percentage of iodized salt users has doubled since the global program began in 1990, thanks to many notable national communication efforts. While it is not possible to record all the worthy national activities, some examples may be found in the country reports (see Section VIII).

Many multilateral and bilateral governmental and non-governmental organizations dedicated to development have helped national IDD programs in advocacy and public education, for which no record has been made. However, here are some notes about the support of some of the international partners:

## **6.1 UNICEF**

In IDD communication, UNICEF has been the principal international player. Its extensive network of country offices provides critical support to national governments in designing and implementing IDD programs with communication components. UNICEF's effective advocacy efforts for IDD, especially in relation to the 1990 UN Summit for Children, have already been described. Following the Summit, under the vigorous and goal-oriented direction of James Grant, (Executive Director) the child advocate extraordinaire, the network of 130 UNICEF offices in IDD-affected countries moved swiftly into action. Through media and interpersonal communication, UNICEF made its case.

**USI, A Battle Cry**-Jim Grant personally met many world leaders; with the prop of a thimble of iodine needed for a lifetime and a test kit. At official or private dinners he never missed an opportunity to ask his hosts, including presidents and prime ministers, to pass the salt, and test it there and then on his own plate to see if it was iodized. He was successful in persuading leaders to commit national resources in fighting this devastating deficiency. He initiated and launched with fanfare via media-oriented events the global movement of Universal Salt Iodization (USI), which soon became a battle cry for all UNICEF field offices from Afghanistan to Zimbabwe.

As the IDD damaging effect on brain development was not widely recognized, in a number of key countries, UNICEF offices helped organize "advocacy" events, involving political leaders to make the case for IDD in social as well as economic development. UNICEF also initiated the discussion of IDD in the Joint UNICEF/WHO Health Policy committee, which led to the launch of Universal Salt Iodization (USI). In China, where economic issues reigned supreme with 40% of the population at risk of IDD, efforts to reach the State Council were undertaken. Effective interpersonal communication resulted in a major Advocacy Conference in the Great Hall of the People in Beijing in September 1993 where the Premier's full support was sealed.

In reaching leaders as well as the public, few have done more than UNICEF's Goodwill Ambassador, Sir Roger Moore of James Bond fame, who is concurrently Honorary Chair of Kiwanis International's global campaign to raise funds for UNICEF. He has been a remarkably effective advocate at special events and via the mass media. In 2002, UNICEF also recruited Anatoly Karpov, the world chess champion as the spokesperson to promote USI in Central and Eastern Europe and Central Asia.

## **6.2 Kiwanis International**

Kiwanis International (KI) has been the leader in civil society in fighting IDD. In 1992, KI adopted the virtual elimination of IDD as its first global program for children and has raised \$75 million in cash and pledges to support community programs through UNICEF. Fundraising and participatory activities ranged from personal pledges to radio and television appeals, from music and sports events to car washes. These activities in addition to bringing in money also generated media coverage that spread the word about the threat of IDD to children's mental and physical development. Many Kiwanians occupy prominent positions in their communities and are effective advocates for IDD work in industrialized countries as well as in a growing number of developing countries. The 2002-2003 President of KI is a nuclear physician in Manila, Philippines, who has access to the health establishment (see further Section III).

## **6.3 ICCIDD**

From the outset, ICCIDD included communication and education as a key component in the fight against IDD, as defined by Dr Basil Hetzel (see Section II, Section III). It publishes a quarterly Newsletter and has organized a series of regional meetings to advocate IDD work. ICCIDD maintains two websites—the home site at the University of Virginia and the communication focal point website at Tulane University. The communication focal point published a communication guide, available in English, French, Spanish, Russian, Chinese and Portuguese, which provides suggestions for communication inputs ranging from advocacy for the needed political will to community education for behavioral change. ICCIDD in partnership with UNICEF introduced the international IDD Day in 1995 and produced the popular IDD fact card for public education

## **6.4 WHO, MI and Other International Agencies**

As the principal international health authority, WHO is in the unique position of mobilizing Ministers of Health who congregated annually at the World Health Assembly to review common issues. WHO publications, press notices and documents spread the word about IDD, especially among public health professionals. Other UN agencies, including the World Bank and UNIDO, joined the fight with their special inputs and thus reached their respective professional milieus (see further Section III).

Micronutrient Initiative (MI) has provided support in communication activities for a number of national IDD programs. It helped ICCIDD and UNICEF in launching the IDD Day, and reached out for international media support on the occasion of the 2000 Salt Symposium as well as during the official launch of the Global Network in 2002. Training programs, such as the Program against Micronutrient Malnutrition (PAMM) included orientation for advocacy and communication strategies.

## **7. Partnership/Network/Alliance**

After a decade of encouraging progress, the critical role the salt industry played was spotty and uneven and in many countries under-appreciated.

On the occasion of the Fourth International Salt Symposium at The Hague in May 2000 at a summit of leaders of organizations involved in IDD work a partnership of key international stakeholders was proposed. The salt industry was invited to take its rightful place in the partnership.

The Global Network for Sustained Elimination of Iodine Deficiency was established in 2001 after almost a year of negotiation to rationalize the different cultures of the various institutions involved. Founding members of the Network are: WHO, UNICEF, Salt Institute USA, European Salt Association, China National Salt Industry Corp., ICCIDD, CDC, MI and Emory University. The official launch of the Network took place during the UN General Assembly Special Session on Children in May 2002, with the Director General of WHO, the Deputy Executive Director of UNICEF, Prime Minister of Bangladesh, and an array of health and development ministers from donor and developing countries officiating at the ceremony. The launch of the Network was an event of considerable advocacy and communication impact at the official level as well as at the general public.

Other Network activities that contribute to the advocacy and communication aspects of the IDD fight include the inclusion of communication requirements in the evaluation of IDD progress and the holding of a second IDD Network summit in China to reinvigorate the IDD fight. The Network also encourages the establishment of multi-disciplinary national watchdog bodies to ensure the universal sustained use of iodized salt with communication and education a key indicator.

In October 2003 the Network and the Chinese government jointly sponsored the International Meeting for Sustained Elimination of IDD in

Beijing to exchange experience on 'lessons learnt' about several issues critical for sustained IDD elimination. The meeting adopted a consensus statement calling for specific actions by countries and for the reinvigoration of the global effort to reach the 2005 goal adopted by the UN General Assembly Special Session on Children in 2002. Some 350 participants from 27 countries, including two deputy prime ministers, 20 ministers and heads of a dozen international organizations attended the meeting, the largest assembly of leaders concerned with IDD since the 1990 UN Summit for Children.

## **8. Annual IDD Day**

Though there is a certain degree of fatigue attached to special days and years, in the case of IDD such observances are important for sustaining the campaign. The goal is still some distance away and the nature of fighting deficiency demands continuous surveillance even after having scored impressive progress. The remaining tasks are far more complicated and challenging than what has been achieved. Any slackening of public attention could wipe out previous gains.

By the mid 1990s in a number of countries communication activities were organized on a specific day to engage the attention of the public. In the absence of an *international* day, UNICEF and ICCIDD in 1995 joined forces to introduce an October IDD Day to coincide with the fundraising season in the industrialized countries. With support from Micronutrient Initiative, UNICEF and ICCIDD produced a basic booklet, *A Grain of Salt*, with suggestions for a variety of activities to create awareness and to promote USI. Many countries chose to observe IDD Day in different months, however.

### **8.1 Regular Review**

This annual event should serve as an occasion to review progress, tackle emerging problems and facilitate a broad base public participation. As everyone needs iodine, civil societal involvement and public participation rallying around a special day are *sine qua non* for success.

IDD Day should not be an isolated event but should form an integral part of the strategy for sustained virtual elimination. It should be taken up as part of a comprehensive public education effort, along with other

communication activities aiming at behavioral change such as health promotion and education as well as school health education programs. It should be employed by the IDD national coalitions being formed to engage in communication and education work to review progress, identify problems and feature themes, e.g. the value of iodine in the diet or the danger of its absence.

## **9. Lessons learned**

### **9.1 Re-advocacy or Periodic Advocacy**

When the Director General of Health Services of an Asian country was asked by the nutrition chief to give support to the two-year-old IDD program, he responded: “Why IDD again? We did it last year!” This is indicative of the lack of understanding among policy leaders of the nature of fighting a nutritional deficiency. Indeed fighting IDD requires behavioral compliance (using iodized salt for food) by all, all the time and for all generations to come. The concept of “re-advocacy” which has been adopted by the Chinese government calls for periodic advocacy activities to maintain the political will and to focus attention on the need for sustained IDD virtual elimination strategies.

### **9.2 Advocacy at all Levels: National, Local and Cultural**

In public health programs that require behavioral change, especially food habits, complex cultural, economic and political factors must be taken into account. These factors must be tackled at various levels of society ranging from the policy to the community, and from the commercial sector to the household. A favorable policy promulgated at the capital, even in a country with highly centralized government, does not mean compliance at the provincial, country or village level. Advocacy is needed at every level of society. Local units often ignore edicts from the central governments. Cultural practices are not uniformly observed even in a given locality.

### **9.3 Communication an Integral Part of Strategy**

Communication activities should not be isolated efforts but should form an integral part of the program strategy. The lack of appreciation of comprehensive communication inputs could lead to scattered activities

that stand alone and without clear objectives against which such work can be evaluated. Communication inputs should be taken up at the earliest stages of planning through various phases of implementation to evaluation for any food fortification programs and should have their roots in national capacity and ownership.

#### **9.4 Maintaining Standards of Communication Competence**

As everyone communicates in her/his daily life, communication for public health efforts often falls prey to the assumption that “we can do it” and that, “no specialists are needed for such work”. While some are naturally gifted in communication, most need professional inputs and at least guidance. Effective communication with groups and the public requires thoughtful planning and rigorous implementation.

#### **9.5 Sharing Communication Responsibilities**

There is still reluctance on the part of some in the health/medical sector, particularly the scientific element, to recognize that public health ventures involve a wide range of stakeholders, whose roles can sometimes be more critical than the health professionals. In the case of IDD elimination, iodized salt, the principal instrument, is produced by state enterprises and private industries. It is important that the health sector share responsibility with the salt sector in communication efforts. In many countries, health officers in charge of IDD work treat salt producers as suppliers or vendors. The Global Network for Sustained Iodine Nutrition sets the example where salt producers are key members of the coalition.

#### **9.6 The Critical Role of the Salt Chain**

When the salt producers are given their due recognition as the party that furnishes the weapons to fight IDD, efforts are necessary to ensure that the entire salt chain from top salt management to the retailers is conversant with the key IDD issues. The example of the enthusiastic salt plant manager who told a crowd that iodized salt increases IQ of children is worth repeating. Such statements could mislead parents increasing the amount of salt used for their children’s food. Some retailers gave erroneous information about IDD, which can inflict damage to the credibility of IDD programs.

### **9.7 The Need for the Education Sector to be a Full Partner**

The education sector, which prepares oncoming generations, should constitute a main stakeholder of all IDD efforts. Educators must be concerned with the learning capacity of students and should not sit on the sideline making only occasional efforts to help. The Ministry of Education should take up its rightful responsibility for IDD work because of IDD impact on intellectual development and learning capacity. Indeed, the education sector holds one of the principal keys for sustained behavioral change.

### **9.8 The Commercial Food Market Challenge**

Iodized salt is marketed commercially and its promotion must often fight for attention in the market place. Communication strategies should take into account the competition of friendly fire from other commercially available products that claim to be good for children's development as well as unfriendly fire from food products that do not contribute to children's physical and mental development.

### **9.9 One Message does not fit all**

In a highly competitive communication environment, IDD programs must try to reach specific audiences with appropriate messages. Audience segmentation is necessary as the global program enters the stage of reaching the last third of the population not using iodized salt. Generally positive messages about iodized salt's benefit to children's mental and physical well-being is no longer enough. For expectant mothers, the message should refer to the rapid brain development of the fetuses they are carrying. For those not yet persuaded that iodized salt is worth the extra cost, however small that extra cost may be, messages about the cost difference versus the economic benefit of better learning capacity leading to greater productivity should be made. For those unlikely to have heard at all about the brain damage aspects of IDD, a direct focus on the issue may be as effective as a more elaborate explanation of IDD threat to child development.

### **9.10 Verbal Compliance Versus Actual Behavioral Practice**

Qualitative data collecting interviews need to be carefully screened for accuracy. In some cultural settings, respect for authority and plain

politeness to visitors are so deeply ingrained that respondents do not give answers they think may be unwelcome. Some Chinese villagers kept two types of salt, one iodized, to show official visitors, and one non-iodized for their regular use!

### **9.11 Communication for Animal Iodine Deficiency**

In areas, where animal husbandry may not be a main economic activity, iodine deficiency for animals is not understood. Non-iodized salt is often used for cattle; IDD is also a cause for morbidity and mortality among animals; and animals with IDD produce less economic return. Moreover, non-iodized salt for animals often finds its way to the kitchen, for economic reasons or convenience.

### **9.12 The Economic Argument**

As economics reigns supreme in the highest council of decision-makers, the economic argument should be an integral part of advocacy strategy. Moreover, even when political support is firm at the central level, there is still need to advance the economic argument at local and district levels, where officials responsible for setting priorities often view IDD work as social services that take a back seat behind economic development.

### **9.13 The Limitation of Legislation**

Legislation cannot stand-alone. It must be supported by education, for it is impossible to enforce such law at the household level. Administrative fiat for mandatory use of iodized salt can be counterproductive when there is not a parallel effort to ensure an adequate supply of iodized salt and to undertake public education. A Pakistani district officer was so committed to IDD work that he prematurely banned non-iodized salt from the market before enough iodized salt was made available. The result was a black market for both iodized and non-iodized salt!

### **9.14 Avoid the use of “Victory”**

In any public announcement about success, it is imperative that the word “victory” be avoided. As the nature of the fight against micronutrient

deficiencies demands a never-ending effort, victory conveys the notion of finality and the idea that the fight is over. Victory in this sense will surely stymie further progress and may even sow the seeds of failure.

### **9.15 The Importance of Communication in Relation to Monitoring and Assessment**

Monitoring is generally recognized as a key step in identifying problems and assessing progress, including the urinary iodine level. What is not always understood is the importance of communicating the results of assessment to public awareness of the problems and how monitoring is an effective tool to forestall backsliding of progress.

## **10. Remaining Tasks and Prospects**

Following the end of the cold war in the later 1980s, the failure of the “peace dividend” to materialize disappointed the development community. No transfer of military expenditure to economic and social development took place. On the contrary, international social development aid received a smaller slice of the GDP of the wealthy countries, and national resources available for social projects in the developing nations also declined. Of the goals set by the World Summit for Children only a few made substantial progress. IDD was one of them, though the goal of virtual elimination per se, was not reached. Ironically, IDD initial success has created a sense of



**Fig. 3** ‘*The Executive Director of UNICEF (Ms Carol Bellamy) meets the Chair of the ICCIDD, Professor Jack Ling at the opening of the Summit Meeting in Beijing, October 15, 2003.*’

complacency. Many even thought the IDD problem was about to be eliminated for good.

The 2002 UN General Assembly Special Session on Children, which measured progress towards the Summit targets and adopted new development goals, acknowledged IDD progress and set the new virtual elimination goal for 2005. Given the very challenging tasks in reaching the remaining third of the world's population with iodized salt, the IDD Network and the Government of China co-sponsored an international meeting to accelerate the global program in Beijing in October 2003.

### **10.1 The Beijing Event, October 2003**

At the Beijing event, involving 25 ministers from two dozen countries, the concept of periodic advocacy initiated by China was introduced, useful experiences were shared, and a number of issues germane to sustained IDD elimination were discussed. A Beijing Commitment for Action was adopted and the countries and international organizations represented all pledged to take specific country-level action in the next two years in a concerted drive towards the 2005 goal.

The review of the global situation showed that quite a few large countries, including Pakistan and Ethiopia lagged behind. India, Indonesia and Bangladesh move forward but slowly. The countries in the former Soviet Union, especially a few of the Central Asian countries and Russia, need urgent action.

A few countries, which had done well, are showing signs of retrogression in the absence of an appropriate strategy for sustained elimination. Communication for resource mobilization for accelerated programs is called for. The creation of national coalitions must pick up momentum. IDD messages about brain damage must be given priority. More professional communication input and targeted efforts at specific audiences are needed. Iodized salt as an equalizer for social and economic development should be stressed and be a constant argument at the policy level.

### **10.2 Towards the 2005 Goal**

If the resolve demonstrated at the Special UN General Assembly Session is maintained and carried out, and the commitments made at the Beijing event are realized, sufficient progress can be made by 2005 to claim a measure of success in reaching the goal. Specific efforts to include communication in the strategies for sustained IDD elimination must be made.

Progress in the fight against IDD has been impressive. But the international community cannot allow the fight against IDD to falter while a third of the population remains unprotected. Steps to introduce comprehensive communication inputs should be taken to safeguard against backsliding. If the political will is sustained and all the necessary steps are taken at the international and national levels, the new millennium will herald a new dawn for the fulfillment of humanity's natural potential. If not, future generations will face the same insidious assault on mental and physical development with the same cruel social and economic consequences that IDD has wreaked since time immemorial.

If the world community cannot succeed in sustained IDD elimination, a low cost and relatively simple development objective, one wonders what prospects are there for the more costly and complex development issues?

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