In the early 2000s, Tanzania was among the first countries which committed to achieving sustainable elimination of iodine deficiency disorders (IDD) through universal salt iodization (USI) by the year 2005. Significant efforts were directed towards achieving this goal, including mapping of all salt production sites in the country and equipping the producers with skills and knowledge to produce high quality iodized salt, with support from UNICEF.

The first national IDD survey in school-age children (SAC) was conducted in 2005. The results showed that 83% of households had access to iodized salt, and the median urinary iodine concentration (UIC) was 204 µg/L. At the same time, goiter prevalence in SAC had decreased from 25% to only 7% (<5% in the youngest age group of 6–12 y.o.) (1,2). Two more national demographic and health surveys (DHS) followed in 2010 and 2015, which found that the proportion of households consuming any iodized salt had remained steady at >80%, and the proportion consuming adequately iodized salt had increased from 47% in 2010 to 61% in 2015 (3,4). The median UIC, estimated in women of reproductive age (WRA), was >160 µg/L, which indicates that, at least at the national level, iodine intakes were sufficient. However, there was very wide variation in both access to iodized salt and the median UIC between the country’s regions, which was of concern.

In response, the government, in collaboration with partners and the private sector, has been working to consolidate the salt industry, which will see all salt handled (processed, iodized, packaged and marketed) at a few centralized processing factories. This will reduce the burden of dealing with more than 6,000 artisanal and small-scale salt producers, who are scattered, operating in hard to reach areas, and difficult to manage in terms of ensuring high quality iodization. To implement this, efforts are underway to remap the salt production sites, and design a model that will address the remaining gap in achieving and sustaining USI, in close collaboration with the Tanzania Salt Producers’ Association (TASPA).

In December 2016, the government in partnership with the Iodine Global Network, Nutrition International, GAIN and UNICEF carried out a critical review of the USI strategy in Tanzania and recommended the adoption of a consolidation model, which will secure a market for small/medium producers while achieving economy of scale for iodization (5). This is a novel approach, which is seen as the best mechanism to leverage the capacity of domestic salt producers, but shifting toward a more robust business model.

"Our company’s ambition is to see Tanzanians are consuming adequately iodized salt, and we are here to complement government efforts towards sustainable elimination of iodine deficiency disorders and contribute to industrialization,” says Mr Srivastava, Marketing Manager at Neelkanth Salt Production Ltd.

Dr Fatma Abdallah Director, Community Health Nutrition Dept, Tanzania Food and Nutrition Centre, Bernard Makene IDD Project Coordinator, Nutrition International, Dr Vincent Assey IGN sub-Regional Coordinator for Eastern Africa, Dr Festo Kavishe IGN Regional Coordinator Eastern and Southern Africa
Emerging efforts from salt industry investors

In 2015, the government declared its ambition for Tanzania to join the ranks of industrialized countries and become a middle-income country by 2025. By focusing on health, education, and industrialization as priority areas, the government plans to reduce poverty rates nationwide. This declaration, made by H.E President John Pombe Magufuli, has had the effect of attracting investors. A significant shift in the salt industry has taken place. Three large producers (Neelkanth Salt Ltd, Nyanza Salt Mines Ltd, and Seasalt Ltd) have entered the market with their crushed, refined, and/or double refined free flowing salt which is adequately iodized. Their products have been certified by the Tanzania Bureau of Standards and stamped with the highly recognizable iodized salt logo.

One of the three, Neelkanth Salt Ltd can produce 50–100 metric tons a day of processed iodized salt. Its substrate—raw salt—is partly imported (<50%), and the rest is obtained from local salt producers whose salt meets the required quality grades. As high-grade salt tends to attract a good price, medium and small salt producers are incentivized to undertake regular maintenance of their salt farms to keep the quality of production consistently high, which will secure a market for their salt.

A public-private partnership

In August 2018, Dr. Vincent Assey and a team of iodine stakeholders including Nutrition International (NI), Global Alliance for Improved Nutrition (GAIN), UNICEF, Ministry of Minerals, Tanzania Bureau of Standards, and Tanzania Food and Nutrition Centre, visited Neelkanth Salt Ltd and met with its Marketing Manager Mr. Shakher Srivastava. Neelkanth had decided to invest in iodized salt production in Tanzania based on a feasibility study conducted by the company. The study reported that:

1. Tanzania has the potential to produce high quality raw salt in sufficient quantities to meet population needs. When well processed, this salt can meet national and international standards, and address iodine deficiency disorders.
2. There are many uncoordinated small/medium salt producers struggling to adhere to the national iodization requirements. Lack of such coordination (i.e. through a single facility) has resulted in an influx of cheaper imported salt and stiff competition to the local salt industry.
3. Tanzania has adopted universal salt iodization as a long-term strategy to fight against brain damage and physical disorders due to iodine deficiency, and already there is a good enabling environment and political will from high-level government entities supporting industrialization, including the salt industry. This will help the salt industry to excel and support the labor market.
4. There is a possibility of improving fortification of salt with additional nutrients (double/triple fortification i.e. iodine, iron, and other priority nutrients) to improve the wellbeing of the most vulnerable populations.

Based on these findings, Neelkanth Salt Ltd decided to invest, and their brands have achieved 40% market share within the first year. In the view of Mr. Shakher, a consolidation model will support the achievement of both the National Multisectoral Nutrition Action Plan (NMNAP) targets and the government’s ambition to shift to industrialized economy, and make the country’s salt industry more productive and competitive.

Social marketing leading to behavior change is a key part of Neelkanth’s communication strategy.

References