The first IDD survey in Niger was conducted in 1994. Led by Professor Hamani Daouda from the Faculty of Health Sciences, Abdou Moumouni University in Niamey, its objective was to determine the extent of iodine deficiency and its negative impact on the country’s social and economic development. Conducted in a representative sample of 9000 students, the survey reported an alarming total goiter rate of 35.8%. Luckily, these findings resonated with policymakers, who issued a recommendation in February 1995 that all salt for human consumption should be fortified to deliver iodine to the deficient population. Later that year, the Ministries of Health, Trade, and Finance co-signed a decree which specified the conditions for production, import, and marketing of iodized salt in Niger. As a result, the coverage of iodized salt increased dramatically, and by 1998 almost two-thirds of households across Niger had access to adequately iodized salt. No doubt, this achievement was helped by the fact that 90% of salt consumed in Niger entered the country via a single route in Torodi (region in the far west of Niger), which made monitoring possible.

But this remarkable progress was not sustained. Unfortunately, the early achievements gradually eroded, and by 2010 only a third of households were consuming adequately iodized salt. Several factors may have been responsible for this situation:

- Weak policy implementation and control mechanisms of salt for human consumption;
- Inadequate support of salt importers;
- Lack of legislation to regulate salt for industrial use, which makes up a large proportion of all salt imports;
- Slow understanding that, although IDD is a public health problem, the solution lies in the cooperation with the commercial sector.

To resolve these issues and ultimately ensure that all children in Niger are able to reach their full cognitive and developmental potential, new measures have been implemented. First, the inter-ministerial decree on salt has been revised to improve the control of salt imports (a revised decree was signed on 25 March 2014). Second, steps have been taken to extend the same iodization standards to salt produced locally (e.g., in the town of Bilma), so that a significant proportion of the country’s population, who consume only local salt, can also reap the benefits of iodine.

The next challenge for Niger’s fight against IDD will be adopting measures to monitor the quality of salt for industrial use, and in particular the salt imported from neighboring countries.