The IGN’s 2016 Annual Report

Towards the elimination of IDD by 2020

Jonathan Gorstein  IGN Executive Director

2016 was a positive and productive year for the IGN and the global effort towards the elimination of iodine deficiency disorders (IDD). In April 2016, we marked 30 years since the founding of the International Council for the Control of Iodine Deficiency Disorders (ICCIDD). Today, as the Iodine Global Network (IGN), our work continues to be guided by four core pillars:

Harmonization of national and global iodine programs. In 2016, we collaborated closely with the Food Fortification Initiative (FFI), the Global Alliance for Improved Nutrition (GAIN) and the Micronutrient Forum (MN Forum) to develop a global repository of standardized data on the status of food fortification programs. We also facilitated USI program reviews in Bangladesh, Indonesia, and Tanzania, developing joint work plans with all key partners.

Advocacy for political will. In 2016, we focused on messages about the impact of optimal iodine nutrition on fetal brain development, the use of iodized rather than non-iodized salt in processed foods and condiments, and aligning USI with salt reduction efforts. At the country level, our work helped to build commitment and political will amongst policymakers and the salt industry.

Program monitoring. We worked closely with UNICEF and WHO to revise program guidance to better assess the implementation of USI through enhanced tracking of iodized salt coverage and quality. In 2016, we focused on new tools and indicators to measure the dietary iodine contribution from different sources and on better approaches to analyzing and presenting data on iodine status in populations.

Rigorous research. In 2016 we investigated whether a successful USI program can meet the needs of all segments of the populations, particularly those most vulnerable including pregnant women. The IGN initiated important research in several geographic settings with academic partners to better estimate the magnitude of iodine insufficiency in different population groups.

Across these pillars, we have conducted a remarkable breadth of work throughout the world in 2016. Still, it is the work that we undertake at the regional and county level which defines our contribution to establishing a national USI program. Some of our activities are summarized below:

• In the Americas, we celebrated a tremendous achievement and a global first: the virtual elimination of IDD. In the USA, the IGN worked with the American Thyroid Association (ATA) and the Council for Responsible Nutrition (CRN) to promote the importance of iodine and the cost-effectiveness of USI. In Haiti, in collaboration with UNICEF, USAID and the Ministry of Health, we conducted a comprehensive analysis of iodized salt in processed foods and its potential to improve iodine status. In Argentina, the IGN investigated how to further increase the reach of iodized salt in rural areas by supporting small-scale salt producers in the Northern provinces.

• In Western & Central Europe, the IGN sponsored a scientific symposium on iodine and pregnancy in London. In Sarajevo (Bosnia & Herzegovina), we co-hosted with UNICEF a regional sustainability workshop to address challenges around iodine supply, quality of iodized salt production, and program monitoring. We provided technical support in Israel for a survey, which noted sub-optimal iodine intake, and this data are being leveraged to establish a national USI program. We have continued our engagement in the EUthyroid Project, a coalition that brings together partners to support research and advocacy needed to eliminate IDD in this region.

• In the Middle East & North Africa, the IGN played a major role in convening partners and strengthening national USI program coalitions. To improve the USI program of Sudan, we supported technical and senior policy experts to travel to Spain to meet with Serra Salt Industries, where an agreement was reached to supply salt processing equipment to three salt refineries over the next two years. These new efforts put Sudan on track to achieve >90% coverage by 2019. In Lebanon, the IGN worked with UNICEF, American University of Beirut (AUB) and the Ministry of Health to revise legislation and to revitalize the salt industry. The IGN provided technical assistance for several national IDD surveys and research studies in Yemen, Djibouti, Egypt, Oman, Qatar, Saudi Arabia, and Bahrain. We participated in a celebration of significant improvements in iodine status in Egypt thanks to the collective efforts of multiple partners.

• In Eastern Europe & Central Asia, the IGN supported a communication campaign targeted to policymakers in Russia to generate support for mandatory legis-
tion on national food fortification, which is in the final stages of endorsement by the Duma. Working with the National CDC in Georgia, we implemented a sentinel monitoring system for micronutrients to track iodine status in school-age children and pregnant women. The IGN supported three iodine surveys in the region: a national assessment in Armenia (together with Columbia University, Yerevan State Medical University and Boston Medical Center) and two small-scale surveys, in Abkhazia and in Nagorno-Karabakh.

• In West & Central Africa, we worked to better understand the contribution of iodized salt in processed foods and condiments, including bouillon, to dietary iodine. We worked with UNICEF to assess the processed foods markets in Burkina Faso, Ghana, Niger, Senegal, and Togo. With partners and national USI coalitions, we worked to ensure that USI legislation covers all edible salt, including that used in processed foods.

• In Eastern Africa, the IGN supported the revision of strategies to improve the coverage and quality of iodized salt, with a focus on the salt industry. In Tanzania, the IGN undertook a comprehensive program review with UNICEF, GAIN, MI, the Ministry of Health, and salt producers. Through this effort, steps were identified to consolidate the salt industry by working with small-scale salt producers and establish centralized salt processing facilities. This follows a model now being implemented in Ethiopia.

• In Southern Africa, the IGN provided technical assistance to improve iodine nutrition in several countries. We facilitated the analysis and reporting of a national survey in Madagascar which indicated an alarmingly low iodine status. We worked with UNICEF and the Government of Madagascar to develop a strategic plan to address this problem. In Angola, we collaborated with Groundwork LLC, the Ministry of Health, and the Ministry of Fisheries to carry out a national program review, which led to recommendations to strengthen the salt industry and iodization activities.

• In South Asia, the IGN continued its longstanding association with the Government of India and other key partners to celebrate recent progress and to identify how to further strengthen USI. The IGN collaborated with UNICEF on an inter-agency review of the program in Bangladesh to examine current needs and revise strategic priorities. In addition, the IGN participated in discussions to explore opportunities and challenges of double fortified salt (DFS), which would include iron as well as iodine. The approach under consideration is to deliver DFS through the public distribution system to reach only the most vulnerable segments of the population, but there is still much work to be done.

• In China, the IGN worked with partners, particularly UNICEF and WHO to support the Government and salt industry in the face of changes to the salt monopoly. While China maintains adequate iodine status at a national level, and has one of the most successful USI programs in the world, the industry reforms will require adjustments in program strategy and intensive monitoring. The IGN participated in a series of national advocacy meetings to support the sustainability of the USI program following industry reforms. In preparation, the IGN developed several policy briefs describing threats which have occurred to other national programs following policy change.

• In South East Asia & The Pacific, we worked closely with UNICEF, MI and Government partners to help revitalize USI efforts in countries which had experienced backsliding in program performance. For example, in Vietnam, the IGN contributed to the successful re-enactment of mandatory salt iodization and is now providing support to re-launch the USI program. In Papua New Guinea, we conducted a situation analysis to better understand salt market dynamics and established a robust monitoring system to track the adequacy of iodized salt imported into the country. The IGN convened key partners to undertake a comprehensive review of the national USI program in Indonesia, reflecting on how best to sustain progress and align USI with the broader fortification agenda.

In the last year, we said goodbye to some of the giants who pioneered this work. We lost Basil Hetzel, John Stanbury, Peter Laurberg, and Harry Black, all tremendous visionaries whose groundbreaking operational and scientific research provided the basis for the global progress against IDD. It was Basil’s vision that led to the founding of the ICCIDD in 1985 in Nepal, and it was his meticulous scientific work and its application which awakened the world to action against IDD, recognized as the single greatest preventable cause of mental retardation. Indeed, the main objective of the IGN is to support programs to achieve optimal iodine intakes and prevent deficiency in all countries—a public health triumph befitting the bold vision of these leaders, who paved the path.

We have entered 2017 with great optimism that we are on track towards the global elimination of IDD by 2020. Together with partners, we are accelerating activities to establish and strengthen USI programs in countries that are still burdened by iodine deficiency, and continue to support those which need to sustain their progress.

Executive Director of the IGN since April 2015, Jonathan Gorstein has been working to support the design and implementation of large-scale nutrition programs, including USI, in developing countries for over twenty five years with a focus on strengthening capacity and monitoring and evaluation. He is currently a Clinical Associate Professor in the Department of Global Health at the University of Washington, Seattle.