
Universal salt iodization (USI) strategies gained strong momentum in countries of the Southern Europe and Central Asia (SECA) region during 2000–2009 and allowed many countries to achieve or approach optimal iodine nutrition. However, iodization of salt used in processed foods, reaching optimal iodine intakes in vulnerable populations (i.e. pregnant and reproductive-age women), and harmonization of salt iodization with salt reduction strategies are becoming increasingly important. These changes in landscape require new forms of collaboration for further improvement in research, monitoring and evaluation (M&E), and advocacy and communication.

With these in mind, UNICEF Office for ECAR and the Iodine Global Network conducted two Sub-Regional workshops: for countries of Eastern Europe and Central Asia (EECA) in Almaty, Kazakhstan on September 24–25, 2015; and for countries of Central and Southern Europe (CSE) in Sarajevo, Bosnia and Herzegovina, on October 14–15, 2016. The Almaty workshop was attended by 50 participants from 10 countries: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyz Republic, Russia, Tajikistan and Uzbekistan. The workshop in Sarajevo brought together 40 participants from 9 countries: Albania, Bosnia and Herzegovina, Bulgaria, Kosovo, Macedonia, Moldova, Montenegro, Romania and Serbia. The overall objective was to review the status of iodine deficiency preventive strategies in the region, develop next steps for each country to preserve the successes of IDD elimination through USI, and to strengthen the national systems of collaboration for permanent success. This paper is an overview of the workshop’s key findings and conclusions.

Strong national USI partnership collaboration

National coalitions have been established in 6 of the 10 countries in the EECA sub-region, but almost all are informal, i.e., have no organized or sanctioned structure, permanent membership, or operational budget. In 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 Russia, the informal coalition (Public Coordination Council) continues its active lobbying of the government structures for USI legislation. In Belarus, a national coalition is driven by the leading health professionals concerned with ensuring sustainability of the USI strategy, who conduct regular small-scale USI/IDD monitoring studies. The Kazakh Academy of Nutrition represents the pro-USI coalition in overseeing the regular monitoring of iodized salt use and adequacy of iodine nutrition in Kazakhstan. The Ministry of Health of Turkmenistan provides strong leadership for effective USI. Overall, national pro-USI coalitions require further encouragement, support and strengthening to assure endured national IDD prevention through the USI strategies in each country.

National coordination structures (committees, coalitions, working groups, or similar) exist also in several countries of the CSE sub-region. Experience post-2009, however, demonstrates that these structures do not steadily keep themselves informed of USI actions and outcomes in their countries, and thus remain rather feeble in setting direction and next steps for USI.

Like in EECA, true high-level multi-sector coalitions are few and typically informal, without a secure budget, and dealing mainly with technical issues. The workshops illustrated a commonly felt need for revival of more frequent, formally structured and effective partnership collaboration, for example through a review of functions and memberships. Policy advocacy to strengthen...
In all 10 EECA countries, government success. In the early 1970s upon finding evidence of years after monitoring was abolished during the USSR, there were efforts to enable sustained salt iodization in all countries of the EECA sub-region. The previously highly successful program of endemic goiter prevention and control of the USSR declined over the years after monitoring was abolished during the early 1970s.

Effective USI/IDD surveillance, monitoring and evaluation

Monitoring and evaluation (M&E) are critical components to enable sustained salt iodization in all countries of the EECA sub-region. The previously highly successful program of endemic goiter prevention and control of the USSR declined over the years after monitoring was abolished during the early 1970s. In all 10 EECA countries, government statistics agencies collect information about the production and/or import of iodized salt, and in Kazakhstan such data are incorporated in the annual national statistical report. In at least 5 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 as well as in mass catering establishments, hospitals, bread bakeries and food industry.

Over the past 5–6 years, periodic national or sub-national IDD/USI surveys have been conducted in Kazakhstan, Tajikistan, Kyrgyz Republic, Uzbekistan, and Belarus. Only in Kazakhstan and Uzbekistan were these surveys funded entirely by the national governments, while Tajikistan, Kyrgyz Republic and Belarus depended on external funding (mostly from UNICEF). In Azerbaijan and Turkmenistan, no national surveys were performed in the past decade and in the vast Russian Federation, no national survey has ever been conducted.

Following the 2015 workshop, UNICEF, IGN, private donors and government agencies provided support to national surveys in Georgia and Armenia: both surveys were completed in 2017 and showed sustained success in USI and IDD elimination. Iodine assessments were also conducted in the self-proclaimed republics of Abkhazia and Nagorno-Karabakh. Results of iodine surveys in Belarus and Kyrgyzstan are expected later in 2018.

In the CSE sub-region the responsibility of the Food Authority and/or Industry Department for ongoing monitoring and certification of the salt iodization factories was noted, but actual inspection data from this source were not provided by any of the countries. Cognizant of an information gap, the Bulgarian team conducted a quick telephone inquiry across a selection of major food manufacturing companies (bread-baking industries, meat and dairy processors, etc.). The production managers contacted did not report any problems or obstacles encountered in the continued use of iodized salt in their manufacturing. Survey capacity was reported as sufficient in all countries but Montenegro, and some country reports mentioned that their urinary iodine lab participated in an external quality service program such as EQUIP (USA) and QUICK (Kazakhstan).

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, Russia, and Uzbekistan.

Starting in 2015, the annual cycles of iodine nutrition surveys in Kazakhstan have added data collection on salt intake in adult men and non-pregnant women through 24h urine collections, in an effort to support coordinated policy development and prevention of an anticipated lower USI impact as salt intakes start falling. In most of the participating countries, policy consideration of the need for population salt intake reduction is emerging, but no specific programs of educational or product reformulation activities have commenced.

Development of salt reduction strategies is pending in most CSE countries and contingent on the adoption of national non-communicable disease (NCD) prevention planning with support of WHO and EU. The objective of the 2014 National Food and Nutrition Plan in Moldova is to reduce by 30% the consumption of salt by 2020 while keeping an eye on adjustment of the salt iodine standard as and when needed. A survey of salt and iodine intake was conducted in Moldova in 2016, and its findings will have policy implications.

Conclusions

The workshops demonstrated that the ECAR region remains on track in the pursuit of USI for sustainable IDD elimination. Notwithstanding the noted imperfections, none of the presented data from the region suggested that the conquest of iodine deficiency is under threat. Reports from the country teams demonstrated a comprehensive, step-by-step approach that is preserving, and coming ever closer to, the USI target and promises permanent success in realizing equitable iodine nutrition throughout the urban and rural areas.

References


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