

# Progress towards sustainable elimination of IDD in Uzbekistan

Dr Chandrakant Pandav, ICCIDD South Asia, was invited by Unicef to review the national IDD program, make recommendations for strengthening the program and identify areas and/or strategies to accelerate progress in Uzbekistan.



Endemic goiter has been recognized as a public health problem in Uzbekistan for a long time. The reported prevalence of endemic goiter in 1935–39 was 32.4%. With the introduction of iodized salt in 1950's, the prevalence of goiter was reduced to 15.9% by 1988. Uzbekistan became an independent Republic in December, 1991. Prior to December 1991, iodized salt was supplied to Uzbekistan from Russia, Ukraine and Kazakhstan. IDD re-emerged as a major public health problem in Uzbekistan when the supply of iodized salt from the former Soviet Union was no longer available. In 1998, 92.7% of population used noniodized salt, 90% of the population had negligible UIC and prevalence of goiter was 65%.

Over the past decade, the government of Uzbekistan has shown increasing commitment towards elimination of IDD through universal salt iodization (USI). The key reforms include attaining self-sufficiency in salt production:

- commencement of production of iodized salt in 1998
- a single agency for procurement and distribution of potassium iodate (2006)
- adoption of legislation for IDD prevention and control (2007)

- lifting of the tax for importation of salt iodisation equipment
- initiation of community monitoring activities

**Table 1: Current status of progress towards sustainable elimination of IDD as a public health problem in Uzbekistan**

Indicators	Goals	Status in Uzbekistan
<b>Salt Iodisation</b> Proportion of households using adequately iodized salt	> 90%	<ul style="list-style-type: none"> <li>• 53 % (MICS 2006)</li> <li>• 51 % (Institute of Endocrinology, 2008)</li> <li>• 60-70% (Personal communication, October 2009)</li> </ul>
<b>Median urinary Iodine</b> General population	100-199 µg/l	<ul style="list-style-type: none"> <li>• 70% have median urinary iodine greater than 100 µg/l (Inst. Endocrinology, 2008)</li> </ul>

These efforts have resulted in increase in household coverage with iodized salt from 8.3% in 1998 to 51% in 2008–2009. There has also been an increase in proportion of the population with an optimal UIC, from 2.6% in 1998 to 70% in 2008. The prevalence of goiter has decreased from 65% to 44% in 2008. It was reported during the debriefing workshop at the Tashkent Paediatric Medical Institute and at meetings at the Ministry of Public Health that the latest coverage figures of adequately iodised salt at the household level for 2009 varied from 60% to 70%.

Thus, in a short period of time, considerable progress has been made towards elimination of IDD in Uzbekistan. However much more needs to be done to attain

the IDD control targets specified by WHO/UNICEF/ICCIDD. The “troika” of interventions required to accelerate progress towards IDD elimination in Uzbekistan includes:

- Promoting access to quality iodised salt
- Effective Information,

- Education and Communication strategy
- Greater intersectoral coordination

The harmonization of the above three interventions and early implementation will accelerate the efforts towards sustainable IDD elimination in Uzbekistan.