Consultation on ensuring sustainable optimal iodine intake provides new momentum in the Eastern and Southern Africa region

The Consultation on Ensuring Sustainable Optimal Iodine Intake in Eastern and Southern Africa (ESA) was held in Mombasa, Kenya from 5-7 November 2019. The following declaration emerged from the meeting:

THE MOMBASA DECLARATION ON ENSURING SUSTAINABLE OPTIMAL IODINE INTAKE IN EASTERN AND SOUTHERN AFRICA

1. We, the participants representing Governments and Salt Producers from Angola, Botswana, Burundi, Eritrea, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Tanzania, Uganda, Zambia, Zimbabwe and partner organization applaud, the Ministry of Health, Kenya, in collaboration with the Iodine Global Network (IGN), United Nations Children’s Fund (UNICEF), the World Health Organization (WHO), Nutrition International (NI) and the Global Alliance for Improved Nutrition (GAIN), for organizing the 2019 Consultation on Ensuring Sustainable Optimal Iodine Intake in Eastern and Southern Africa (ESA) held in Mombasa, Kenya from 5–7 November 2019;

2. Having listened to the key opening remarks by the MoH-Kenya, Salt Industry, UNICEF, WHO, NI, IGN, ECSA, which set the tone for the consultation, emphasizing the importance of ensuring optimal iodine intake of all segments of our populations, with a focus on children and women through universal salt iodization (USI);

3. Recalling the Copenhagen Consensus which highlighted the cost-effectiveness of universal salt iodization for its $30 return on every $1 investment and its impact on boosting the intelligence quotient (IQ) to as much as 13.5 or more points;

4. Having reviewed the status of iodine nutrition and iodine deficiency disorders (IDD) in the region; implementation of recommendations from an earlier regional consultation conducted in 2015; a regional overview of current USI programs in ESA; case studies with lessons learnt by stakeholders from the region; recent country experiences from Angola, Burundi, Ethiopia, Kenya, Madagascar and Tanzania;

5. Learning from the shared experiences and new approaches and innovations for ensuring optimal iodine nutrition in the context of a changing landscape for food fortification and food systems, including reducing salt consumption to prevent non-communicable diseases (NCDs) and achieving healthy balanced diets and reforming health systems delivery;

6. Acknowledging the importance of innovative monitoring and evaluation tools to better characterize the performance of USI programs and measurement of optimal iodine nutrition towards sustainable IDD elimination; developing benchmarks for achieving the World Health Assembly (WHA) nutrition targets; and taking steps to harmonize indicators and targets in the region;

7. Recognizing the need for iodization of all edible salt including that in processed foods and condiments, and the importance of complementarity of achieving salt reduction and adequate salt iodization as critical public health strategies for a healthy life;

8. Realizing that despite much progress in the prevention of IDD and increased supply of iodine in the region through USI, evidence shows that five countries in the region still have insufficient iodine intake on average, and even in those that have achieved and surpassed national targets, there remain many disparities that reflect pockets of populations who are iodine deficient;
9. Noting that of the 23 countries in the ESA region, 14 are classified as having optimal iodine intake, 5 have insufficient iodine intake, 2 have excessive intake and 2 do not have data on iodine status, while the data of seven countries is older than 15 years old (www.ig.org/scorecard);
10. Underscoring the critical importance of promoting a balanced approach to enable universal salt iodization with efforts towards reduction of excessive salt intake to minimize the risks of non-communicable diseases especially high blood pressure, stroke, hypertension and other cardio-vascular diseases;
11. Underscoring the need to generate and update USI and IDD data on an ongoing basis; including the need for current country specific and comprehensive data on salt industry dynamics, USI performance, iodine status and salt intake of the population to support evidence-informed decisions and ensure a synergistic monitoring of both salt reduction and USI, as well as to make any changes in standards on the iodine content in iodized salt;
12. Understanding the importance of innovatively and creatively supporting the salt industry to sustain USI through multiple approaches including strengthening public-private-partnerships (PPP), improving quality control and quality assurance, recognizing the use of iodized salt in processed foods and condiments, harmonizing and adhering to the regional iodized standards of iodized salt meant for human and animal consumption;
13. Realizing that new indicators are required to effectively track the implementation of USI and there is a need for developing a framework to better assess program performance;
14. Noting the importance of the overall food system in the region through harmonized standards for fortified foods and iodized salt and the potential contribution of using iodized salt by food industries toward achieving optimal iodine intake as part of a balanced diet.
15. Underlining the fact that while there are harmonized regional standards on iodine levels in iodized salt as established by regional bodies and RECS, many countries subscribe to their own standards, leading to differences that make cross-country and intra-regional trade and monitoring the quality of iodized salt challenging. It was noted that there is a renewed focus on food fortification within the Regional Economic Communities, which provides an opportunity to strengthen coordination, advocacy and create accountability for actions on food fortification among Member States. Also noted, was the need to foster cross country and cross-regional learning and leverage on what has been done in West Africa through ECOWAS.
16. Recognizing that to sustain the progress made, harmonize approaches and adopt the new innovations including for strategic monitoring, there is critical need for continued political will, advocacy and social mobilization to create awareness of policy makers and the public at large on ensuring optimal iodine intake on brain development of children especially during the first 1000 days of life from conception to two years and throughout the life course to improve social and economic productivity and development;

17. WE, THEREFORE, DECLARE AS FOLLOWS:

(1) We reaffirm our commitment to strengthen partnerships and coordination through our National Food Fortification Associations (NFFAs) and incorporate USI and Iodine Nutrition in their mandates and formalize membership of NFFAs by gazette notices;
(2) To ensure an enabling environment for compliance of standards, we shall continue to advocate for all member states to adopt regional standards, enforce and report on compliance annually using accountability mechanisms within the regional economic blocks
(3) To address the challenge of production and wide distribution of adequately iodized salt, we shall ensure capacity building for effective internal and external QA/QC from production to distribution in countries with salt producers; Consolidation for medium and small scale producers; and effective monitoring at ports of entry for non-producing countries;
(4) We commit to promote social marketing/communication and advocacy to create demand for adequately iodized salt in all member states and to actively engage consumer organizations, civil society and media to advocate and create public awareness on the importance of consuming adequately iodized salt as part of an overall healthy diet; and
(5) We shall use, and where necessary establish, effective M&E systems for IDD prevention and control with reliable data for evidence based decision making to ensure we review and report annually the implementation of the 2019 Mombasa Consultation recommendations by: (i) developing a framework for countries to report progress in implementation of their country action plans developed during the Consultation through existing platforms such as ECSA, SADC, EAC and NEPAP; (ii) advocate for all countries to generate real-time data on iodine nutrition for realistic decision making and systematically using the Global Fortification Data Exchange (GFDx) and its standardized indicators and dashboard (depending on internet penetration and availability of technology).