

The 9th International Symposium on Salt and MOH-UNICEF
Workshop on Strategy for Prevention and Control of IDD in China.

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The 9th International Symposium on Salt was held in Beijing on September 5-7, 2009. The MOH-UNICEF Workshop on Strategy for Prevention and Control of IDD in China was held in September 6, 2009. Directors of the Board of ICCIDD: Jack Ling, David Haxton, Peter Jooste, C.S. Pandav Dick Hanneman and Zupei Chen, actively attended both meetings. Dick Hanneman and other Board Members attended the Salt Symposium. Jack Ling and Dick Hanneman were involved in the preparation of Salt Symposium and Zupei Chen as the main organizer for the Workshop. David, Jack and Zupei were invited to chair satellite sessions on USI and Elimination of IDD in Salt Symposium.

The Salt Symposium opened with an impressive Plenary at which leaders of industry spoke, some of them associated with ICCIDD and the Global Network. They emphasized their commitment to continue USI and to eliminate IDD. Chen spoke on the significant progress made in China since 1993 when the State Council concurred in the concept of a national endeavor to provide optimal iodine to the population on priority with salt as the principle vehicle for delivery and to form a National Coalition to assure national political commitment; efficient law enforcement; professional and nationwide monitoring and evaluation; a national communications plan; and effective oversight. This session made efforts to strengthen the importance of USI in virtual elimination of IDD in all countries.

Nineteen international participants from UNICEF, WHO, ICCIDD, MI, GAIN, The NETWORK Secretariat, and SIDA participated. 35 senior Chinese participants from MOH, CDC, NIDDAC, NTTST, NRL and Chinese endocrinologists and nutritionists from national institutions and provincial institutions attended and contributed. Four presentations from provincial level focused on: subsidy policy in Xinjiang Autonomous Region; supply non-iodized salt in high iodine areas; conversion of small salt plants to stop non-iodized salt into market and model village of expansion of iodized salt in Gansu province. Five presentations from national level concentrated on the progress in IDD elimination in China; iodized oil program in high risk regions; the results of National Salt Monitoring; IQ test in mild IDD areas of Hainan Province and thyroid function and iodine nutritional status in pregnant women. Statements were made by 4 invited guests: China's leadership in USI programming (Dr. Jonathan Gorstein of Gates Foundation); Importance of iodine deficiency and global progress with USI (Dr. Nicholas Alipui of UNICEF); Understanding the relationship between iodine and thyroid function (Dr. Rajan Sankar of GAIN) and Policy implications and the way forward for mature USI programmes (Dr. Peter Jooste). Z P Chen chaired the session and offered an overview of successful results of achievement in China and the values of regular monitoring.

The participants discussed some hot points raised by public media in China, such as the need to continue USI; recent iodine nutritional status; sufficient or excess; iodine and thyroid diseases; increased iodine intake and thyroid carcinoma.

All the participants both from international organizations and Chinese colleagues reached the following conclusions and recommendations:

1. China used to be the country with most severe iodine deficiency in the world as a public health problem for thousands of years. Now IDD was virtually eliminated and the programme has sustained the elimination. China has set up a good example of successful National IDD Control Program in the world. The lessons learned from Chinese experiences include : Strong political will and commitment both from top leaders at national and provincial levels; Universal salt iodization accepted as major intervention for correction of iodine deficiency and confirmed by legislation; monopoly policy of only iodized salt for human consumption and strict ban on non-iodized salt into the market; effective monitoring system and feedback mechanism for readjustment of iodine concentration in salt; sustained communication and social mobilization, in particular, the National IDD Day; intensive technical supports from NIDDAC and ICCIDD; international cooperation on National IDD Control Programme, in addition, most important, the establishment of central leading and coordination group.

The National Meeting in 1993 outlined the problem and proposed the design to address it through collaboration of national agencies in a National Coalition first led by State Councilor Madam Pang Peiyun.

2. USI has been working well for 15 years in China, a large and complex country with a huge population. Therefore it seems that other countries can benefit from these experiences and eliminate iodine deficiency in the world.
3. USI plays an important role in elevation of 10% of IQ points in children born after salt iodization which is fantastic achievements in the improvement of human potential and quality of life for further generations as well as pushing forward the social-cultural and economic development for societies at risk of environmental iodine deficiency, which have already been confirmed by the evaluation on brain development in China.
4. Iodine nutrition status in population should be intensively and periodically monitored to avoid iodine deficiency and iodine excess. It is concluded that the insults of iodine deficiency on human brain, physical development and economic growth far outweigh any danger from iodine excess. Effective and nation wide monitoring and evaluation are essential to sustained success. Regarding the ICCIDD Policy Declaration on Safety of iodized salt which has already distributed and understood by participants before the Workshop, therefore, there is no reason to stop USI Program since the benefits of salt iodization outweighs the risks. This has been demonstrated by the successful experience in elimination of IDD in China and in other countries for many years.
5. The recent monitoring data demonstrated that the iodine intake for population is sufficient in China and no iodine excess at national level. All the participants appreciate the

readjustments on iodine concentration in edible salt in response to the findings by monitoring system since 1995. It is important that intensive monitoring should be followed up after any readjustment of iodine concentration in salt.

6. In our communications and advocacy, we should be emphasizing the issue of protecting the population against preventable brain damage by iodine deficiency. We should pay more attention to iodine deficiency rather than iodine deficiency diseases or disorders since IDD can be eliminated iodine supplied in the daily diet via like USI. Furthermore, it should be emphasized that environmental iodine deficiency of our earth is forever, iodine deficiency in population is forever, therefore, USI Program should be forever.