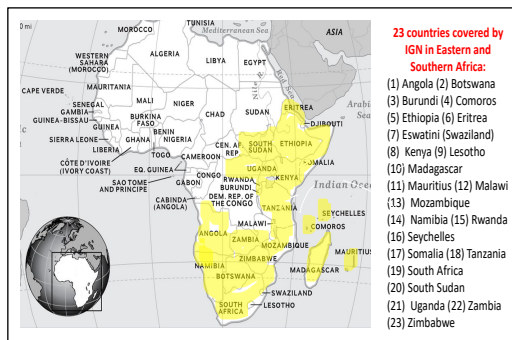


Policy Brief #1: December 2020

**POLICY BRIEF ON SUSTAINABLE ELIMINATION OF IODINE DEFICIENCY
DISORDERS IN EASTERN AND SOUTHERN AFRICA**



What is IGN?

The Iodine Global Network (IGN) is the authoritative technical voice for promoting optimal iodine nutrition. IGN supports and catalyzes global and national iodine programs, working with Governments and key public, private, scientific, non-governmental and civic society stakeholders focusing on universal salt iodization (USI) as the most cost-effective and sustainable solution for the elimination of iodine deficiency disorders (IDD).

What is this policy brief about?

“Policy-making is the salt that processes science into action”

We are at the verge of celebrating the elimination of IDD as one of the greatest evidence-based public health successes of our time! This first policy brief aims to advocate to policy makers in governments, the salt industry, development partners, non-governmental and civic society organizations in Eastern and Southern Africa to use their policy-making power to accelerate and sustain this huge progress.

Why fight iodine deficiency?

The impact of sub-optimal iodine in the diet is profound and leads to a spectrum of health problems collectively called Iodine Deficiency Disorders (IDD). These include goitre at all ages, hypothyroidism, cretinism, decreased fertility, low birth weight, increased infant mortality and in some cases, mental retardation. **Iodine deficiency is the world’s most preventable cause of brain damage.**

During the first 1,000 days of life from conception to two years, iodine deficiency causes irreversible brain damage, and threatens the survival of the foetus and newborn, making optimal iodine nutrition imperative for pregnant women and generally women of reproductive ages (15-49 years). In young children, iodine deficiency impairs their development including for immune response and restricts their ability to grow, learn, thrive and lead productive lives. In adults iodine deficiency slows down their metabolism leading to low energy levels, impairs their immune response, intellectual capacity and productivity. In severely affected areas IDD may be the major cause of poor school performance in children; and in adults a major cause of low productivity, extreme poverty, and severe social and income inequalities.

In the past iodine deficiency was visible in its most severe forms as endemic goitre and cretinism in both people and animals. Today, due to progress made in universal salt iodation these severe forms are rare.



Universal Salt Iodization: The most cost-effective way to eliminate iodine deficiency

“Be salt, add a little bit of iodine and keep society sane”

The prevention of IDD is feasible through sustained universal salt iodization (USI) in which all edible salt including that used in processed foods and condiments is fortified with a minimal amount of iodine. USI is among the most cost-effective nutrition interventions 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.



The effectiveness of salt iodization in the prevention of goitre made David Marine working in Ohio in the USA to declare as far back as in the 1920s that *"Simple goiter is the easiest known disease to prevent"*.

The use of iodized salt should be balanced with the need for reducing salt intake to prevent non-communicable diseases (NCDs). The World Health Organization (WHO) recommends that adults consume less than 5g (*just under a teaspoon*) of **salt per day** and for children aged 2-15 years to adjust downward the **maximum intake of salt** recommended for adults based on their energy requirements relative to those of adults. Thus, the level of iodine in salt must be graduated to meet the amount of daily salt intake recommended by WHO.

What is the iodine status in the region?

A 2019 regional analysis of the iodine nutrition status of countries based on median Urinary Iodine Concentration (*mUIC*) data showed that out of the 23 countries covered by IGN in Eastern and Southern Africa, **13 are classified as having adequate iodine status** (Botswana, Comoros, Ethiopia, Eritrea, Lesotho, Kenya, Malawi, Eswatini, Rwanda, South Africa, Tanzania, Zambia, and Zimbabwe); **five have insufficient iodine status** (Angola, Burundi, Madagascar, Mozambique and South Sudan), **two have excessive status** (Somalia and Uganda) and **two do not have data on iodine status** (Comoros and Seychelles). With the recent surveys done in Angola (2019), Burundi (2018), and South Sudan (2019), the **data of nine countries is older than 15 years** (Eritrea, Eswatini, Lesotho, Mauritius, Mozambique, Rwanda, South Africa, Uganda, and

Zimbabwe). Availability of recent data is crucial in supporting evidence-informed policy and development of IDD strategic action plans.

Challenges in ensuring optimal iodine intake in the ESA region

"Science and policy-making thrive on challenge and inquiry. Science has provided the solution; the greatest challenge now is for policy makers to translate that science into effective action"

Although all countries have made significant progress towards improving iodine nutrition through USI, there are inter-country variations and challenges with regard to sustainability. Stagnation or backsliding to access iodized salt experienced by several countries in the region is because of poor sustainability of previous program activities. To improve equitable and sustained access to iodized salt, there needs to be an effective regulatory monitoring system that encourages engagement with the salt industry and integrates salt iodization activities. Such integration should include consolidation of small-scale producers, coordination and oversight, regulatory monitoring, and incorporating surveillance and evaluation into routine food control systems and into the broader health and nutrition activities.

Key challenges for sustained USI in the ESA region include: -

- (i) Stagnation or slackening of the national USI/IDD programs due to competing public health priorities.
- (ii) Low levels of coordination of partners' efforts.
- (iii) Inadequate focus on countries with insufficient iodine intake.
- (iv) Lack of harmonized standards for the iodine content in salt between countries and regulatory monitoring.
- (v) Low engagement of the fragmented salt industries in ensuring adequate supply of iodized salt and systems for the procurement and distribution of potassium iodate.
- (vi) Inadequate alignment of USI strategies with those for reduction of salt intake.
- (vii) Lack of recent data on iodine nutrition for evidence-informed decision-making and tracking of progress.

Regional harmonization of food fortification standards including for salt iodization, progressed well in 2020 with SADC developing

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“Minimum Food Fortification Standards” and ECSA-HC developing a “Manual for Inspection of fortified Foods at the Points of Entry and Market Surveillance” and “Guidelines for Internal and External Monitoring”.

Covid-19 as a unique challenge in Universal Salt Iodization

Evidence-informed policy making is particularly important at this moment in history when the COVID-19 pandemic has disrupted social-economic systems and programs including those for universal salt iodization. For example, the negative impact of COVID-19 on trade has exacerbated problems of availability of potassium iodate used for salt iodation and heightened the significance for overall nutritional well-being, especially for the most vulnerable. This is because malnourished people, including those with iodine deficiency, have weaker immune systems and may be at greater risk of severe illness due to the virus. Critically, populations most vulnerable to Covid-19 are those who already suffer as a consequence of inequities – the poor, women and children and those living in fragile situations, who are also more likely to be the ones most affected by iodine deficiency and highly impacted by public health containment measures. Ensuring optimal iodine intake together with other nutrition measures will build the immune system and help uptake of vaccines developed.

What are governments doing to address the challenges?

Governments in the region have held a series of consultations to gauge progress, accelerate their national IDD/USI programs and agree on regional approaches given the dependence of salt importing countries on those that produce salt. Though the regional production of iodized salt is estimated to be adequate, there are challenges in terms of its distribution and meeting regionally acceptable standards. Therefore, countries must continue to develop and implement mandatory country specific legislative policies and programs to ensure supply of optimal amounts of iodine in the diet.

From 5th to 7th November 2019 IGN, UNICEF, WHO, NI, GAIN and ECSA-HC jointly convened a regional consultation in Mombasa, Kenya, as a follow up to a similar one held in Dar Es Salaam, Tanzania, in 2015. Hosted by the Ministry of Health-Kenya, the Mombasa consultation brought together 75 participants from 15 countries.

The aim of the Consultation was to review implementation of the recommendations from the 2015 consultation and reinforce capacity and commitment towards effective prevention and control of IDD.



The consultation analyzed the status, challenges and opportunities of USI-IDD in the region with case studies on lessons learned by various stakeholders and countries and drafted National USI-IDD Plans of Action.



There were comprehensive reviews of new approaches and innovations in ensuring optimal iodine intake which included the consolidation of small and medium scale industries into centralized iodization facility systems, use of iodized salt in processed foods/condiments, complementary interventions as well as aligning salt intake reduction and adequate iodine intake as part of an overall healthy diet. Countries deliberated on robust monitoring and evaluation systems

as well as dissemination of iodine status data while strengthening regional platforms to address IDD with harmonized standards on food fortification.

Following three days of very fruitful deliberations, participants developed their Country Action Plans and adopted the **Mombasa Declaration** that committed to the recommendations that have policy implications. Implementation of these recommendations was incorporated into the National Action Plans and subsequent Regional Multi-partner Strategic Action Plan. The key policy messages are shown in the text box below.

To implement those recommendations, IGN in collaboration with partners developed an evidence-based five-year “Regional Multi-partner Strategic Action Plan for Eastern and Southern Africa” as a roadmap to rampup efforts towards the elimination of iodine deficiency disorders in the region through universal salt iodization by 2025.

The strategic plan defines a common vision and goal for governments and partners; provides a framework for coordination and collaboration among governments and partners; facilitates sharing of programmatic and salt industry experiences, lessons, new innovations and evidence for USI policy making; and provides a harmonized mechanism for tracking progress in USI-IDD programs.

The regional strategic framework also identified seven thematic areas that need urgent collaborative implementation in order to achieve and sustain USI in all countries of the region. These areas are:- (i) Regional Coordination; (ii) Strengthening national programs; (iii) Targeted action in high burden countries; (iv) Regional harmonization through regional blocks (EAC, ECSAHC, SADC); (v) Strategic engagement of the salt Industry; (vi) Alignment of salt fortification and salt reduction; and (vii) Tracking program performance.

Partners have emphasized that the most important actions to achieve USI and IDD

elimination in the region is the implementation of the National IDD Programs of Action. National IDD Coordinators play a crucial role in catalyzing collaboration and coordination among the different partners and in facilitating provision of technical assistance, with the strategic regional roadmap providing support.

Priority outputs identified at the regional level to support National Action Plans include: -

- 1) Strengthened coordination mechanism for USI/IDD programming in order to best leverage the proficiencies of different partners working on USI/IDD in the region.
- 2) Targeted technical support to high burden countries with insufficient iodine intake and those without recent data.
- 3) Strengthened advocacy for USI programs.
- 4) Strengthened monitoring and tracking of USI programs.

Key USI-IDD messages for policy makers

1. *Given the high economic returns on investment, collaborate with the salt industry to ensure sustained USI.*
2. *Support and promote multi-partner collaboration, coordination and implementation of the USI/IDD National and Regional Multi-partner Action Plans.*
3. *Adopt strategies that ensure optimal intake of both iodine and salt as per WHO recommendation of less than 5g of salt per day per person.*
4. *Allocate resources to address IDD within your broader health and nutrition agenda and programs.*
5. *Promote and support national adaptation and enforcement of the ECA, ECSA-HC and SADC food fortification standards and guidelines.*
6. *Support generation and sharing of evidence for policy-informed decision making on USI-IDD using effective monitoring and evaluation systems.*

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