

THE IODINE GLOBAL NETWORK 2015 ANNUAL REPORT



FOREWORD	2 
ADVOCACY	5
2015 REGIONAL WORKSHOPS	11
COUNTRY HIGHLIGHTS	17
COMMUNICATIONS & FUNDRAISING	24
FINANCIAL STATEMENT	28
GOVERNANCE	29
ABOUT THE IODINE GLOBAL NETWORK	31



Jonathan Gorstein
The IGN Executive Director

“The IGN is a unique and remarkable network which brings together all major stakeholders involved with iodine nutrition and serves as a model of how to best foster the collective action of multiple partners.”

It is an honor to be elected to serve as the Executive Director of the Iodine Global Network. This is a continuation of a cycle which began in 1993 when, as a young intern at the World Health Organization, I worked with the original members of the IGN (then called the ICCIDD) to draft guidelines for program managers to support USI programs and establish the first global database on iodine status.

Over the past 32 years, there has been remarkable progress, and as the iodine landscape has matured, so has our appreciation of what is required to ensure that countries are able to eliminate iodine deficiency and sustain these achievements.

The IGN is a unique and remarkable network which brings together all major stakeholders involved with iodine nutrition and serves as a model of how to best foster the collective action of multiple partners. It is a very exciting time to be involved with iodine work.



While our focus remains fixed on supporting global efforts to improve iodine nutrition, we operate in a dynamic environment and should harmonize our work with other fortification programs and the broader nutrition agenda. We also need to work closely to align salt iodization with salt reduction strategies.

Over the past several months, the IGN has been collaborating with WHO and other partners to review the current guidance and indicators used to track the performance of national IDD programs. A consultation which took place in December, with the participation of key experts from several major agencies, may lead to a global revision of existing guidance.

With regard to regional activities, the IGN was responsible for the implementation of **five regional workshops** in Middle East & North Africa (Dubai and Casablanca), East & Southern Africa (Tanzania), Eastern Europe & Central Asia (Almaty), and South East Asia (Bangkok), conducted in collaboration with UNICEF, GAIN and MI. The workshops brought together representatives from 45 countries to reflect on their progress towards optimal iodine nutrition, identify challenges, and share emerging science and changes in iodine programs.

In the regions, IGN has carried out a remarkable breadth of activity.

The Regional Coordinator for the **Americas**, Eduardo Pretell, will retire later this year. The region is on the verge of eliminating IDD, and the IGN plans to celebrate this achievement at the upcoming Micronutrient Forum in October 2016. Haiti remains a challenge in the region, however, iodine status appears to be adequate in part because of iodized salt used in bouillon cubes and seasoning powders. In addition, the region is leading efforts to better align salt reduction and salt iodization strategies.

In **East Asia** in 2015, IGN conducted a review of national legislation in the region and has played an important role in the re-establishment of mandatory iodization in Vietnam. In 2015 IGN participated in the first regional SUN Business Network meeting and facilitated a regional workshop for all countries in East Asia and the Pacific.

The **Middle East & North Africa** Region had considerable activity in 2015. Notably, IGN was responsible for the implementation of two regional workshops. A five-year plan of action will help to consolidate salt production in the Red Sea province, including investment from Spain, will go hand in hand with efforts to strengthen legislation across Sudan. Focus in 2015 was also on Djibouti, Morocco, Egypt, and Yemen. National surveys in Djibouti and Yemen were completed and results will help guide program revisions.

In **China**, there is a plan to modify the salt monopoly which will lead to changes in the overall USI program, which has been one of the most successful worldwide. The IGN has continued to provide advocacy work and generate supplementary evidence together with partners to ensure that the program stays strong during this transition.

In **East Africa**, IGN has worked to improve and standardize regional laboratory capacity for the analysis of iodine in salt and urine specimens. There are a lot of activities taking place to accelerate and strengthen national USI programs in the region and the role of the IGN with implementing partners should be strengthened in the region and throughout Africa.

In **Eastern Europe & Central Asia**, IGN has been advocating the adoption of an amendment to the food fortification law in Russia which would mandate the use of iodized salt in some processed foods. Work is also planned in Georgia and Armenia. Ukraine remains a difficult country due to a combination of factors such as lack of political commitment, economic instability and conflict.

In **South Asia**, the IGN together with partners, implemented the first ever national survey of iodine status and salt intake, which shows that 92% of HH salt is iodized, 78% with adequate levels of iodine. The survey also demonstrated that the iodine intake among women of reproductive age is optimal. IGN has supported missions to Sri Lanka, Nepal and Bangladesh to review their national programs and identify opportunities to further strengthen program efforts.



Ding Zhou via Flickr; CC BY NC SA 2.0

China plans to modify the salt monopoly in the near future, and the IGN has supported the transition process with other partners to ensure that maintaining high coverage of adequately iodized salt remains a top priority for salt producers.



The first national iodine survey in India shows that reproductive-age women have adequate iodine status, and over 90% of households have access to iodized salt.



In **Southern Africa**, the IGN supported an iodine survey in Madagascar, which suggests moderate IDD in large parts of the country. IGN hopes to help revitalize the program and stimulate discussions to develop a revised national plan, as well as provide an initial supply of KIO₃ to ensure the immediate iodine needs of the population are met.

IGN has also been working with major salt manufacturers in Southern and West Africa, to advocate for the importance of iodine nutrition and promote iodization as compatible with the principles of corporate and social responsibility (CSR).

West Africa has a new Regional Coordinator (Nita Dalmiya, Nutrition Specialist, UNICEF). In 2015, the focus was on Ghana and understanding the salt situation in Burkina Faso, Togo, and Niger. This initial work led to the identification of the use of iodized salt in bouillon, a widely consumed condiment, as an important source of iodine in at least several countries of the region, and further work is being undertaken to better understand the situation.

In **Western & Central Europe**, IGN has been active in national and international advocacy meetings, and participated in a number of publications. The goal has been to highlight that mild IDD persists in many relatively affluent countries, particularly in pregnant women, advocate for the use of iodized salt by major national and regional salt companies, and promote the inclusion of iodine in prenatal supplements.

We plan to significantly accelerate our work in 2016 to support initiatives in countries which have yet to establish functional USI programs, including Angola, Lebanon, Madagascar, Morocco, and Sudan. The focus of these efforts is to reinforce the inputs of implementing partners, together with national stakeholders. In each of the countries, the IGN is in a unique position to provide strong leadership and add considerable value.

We are on the verge of achieving something remarkable, the elimination of a scourge that has long plagued the world's population. The clinical manifestations of iodine deficiency, including goiter and cretinism have virtually disappeared, primarily to the successful deployment of USI programs. The next stage of our work is to ensure optimal iodine intakes in all population groups so that no single child is born with mental impairment.

Jonathan Gorstein
The IGN Executive Director

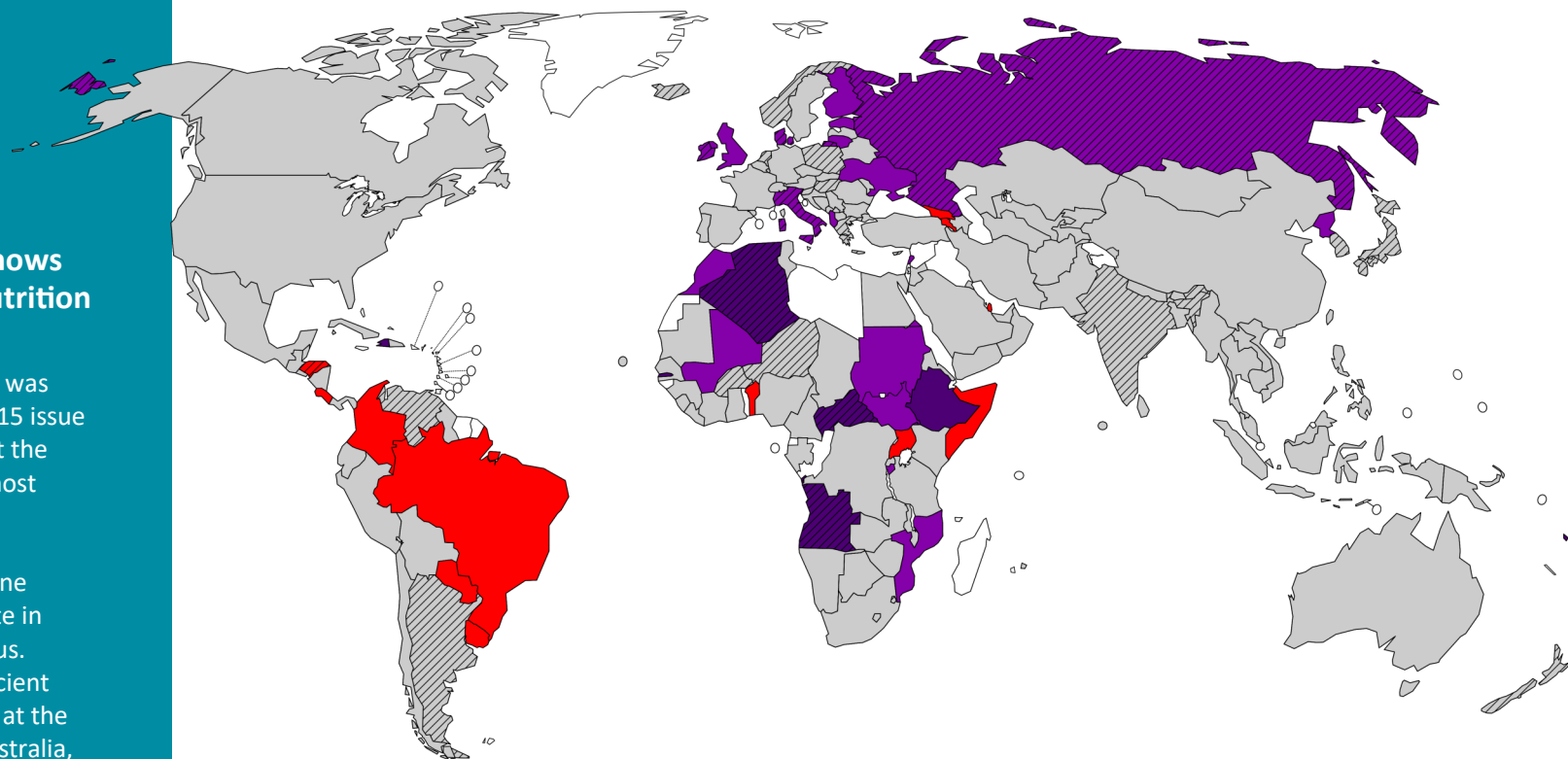
Global Scorecard of iodine status shows progress towards optimal iodine nutrition

The Global Scorecard of iodine status was updated in February 2015 (see 1/2015 issue of the IDD Newsletter), showing that the number of iodine deficient countries has almost halved in the past 12 years, from 55 to 26.

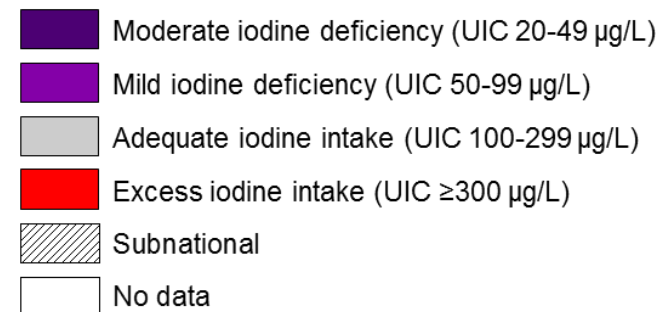
In 1993, 116 countries were classified as iodine deficient. Since the most recent global update in 2011, 21 countries changed their iodine status. Eleven countries previously classified as deficient have now reached sufficient iodine nutrition at the national level (these include Afghanistan, Australia, Belgium, Ghana, Guatemala, Hungary, Latvia, Mauritania, Mongolia, New Zealand, and Papua New Guinea). Two countries previously with no data, are now classified with deficiency (South Sudan and DPR Korea) and with excessive intake (Solomon Islands).

Whilst the mandate to track and report the global progress against iodine deficiency lies with the WHO, the Iodine Global Network has supported the collection of population data since 2011.

To download the Scorecard and global map, go to: www.ign.org/scorecard.htm



Above: The 2014-15 global map of iodine status based on median urinary iodine concentration (UIC) from national studies in school-age children conducted between 2002 and 2015



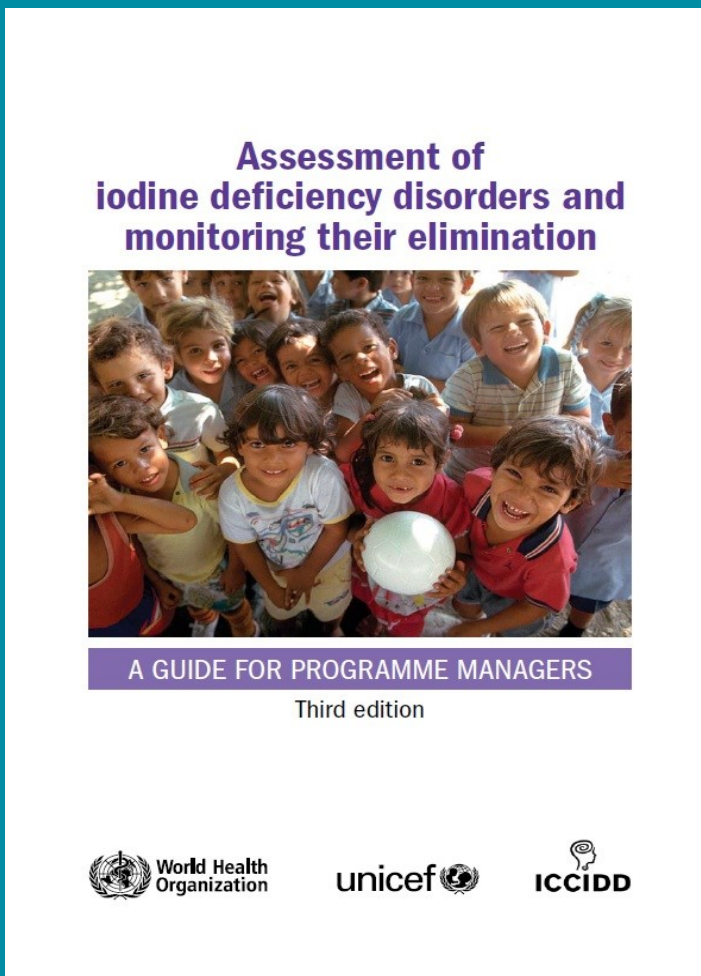
Technical Working Group Meeting on Iodine Program Indicators

17–18 December 2015, New York (USA)

In December 2015, UNICEF and the IGN jointly convened a Technical Working Group (TWG) meeting in New York, to discuss existing knowledge gaps in fundamental science and research related to the monitoring of salt iodization programs and population iodine status. The aim of the meeting was to identify and prioritize the emerging research questions that would lead to a modification in the tools and metrics used to track the implementation and performance of iodine programs.

The meeting was an opportunity to discuss the emerging evidence that will contribute to the next revision of the WHO/UNICEF/IGN guidelines on the assessment of iodine deficiency disorders and monitoring their elimination and update the current version from 2007. As part of this process, WHO will work with all partner agencies to review the indicators of iodine status, including urinary iodine (UIC), and re-evaluate the currently recommended categories for the interpretation of median UICs in different population groups.

The meeting brought together a number of member organizations of the Iodine Global Network (including UNICEF, USAID, WHO, GAIN and US CDC), who were joined by the Bill and Melinda Gates Foundation and GroundWork. A report of the meeting is being finalized and will help inform a robust research agenda for 2016 and 2017.



Above right: The Iodine Global Network has been a Technical Advisory Group to the WHO for almost thirty years and has contributed to many WHO publications.

Above left: The outcomes of the December meeting will guide the revision of the "white book," i.e., the 2007 WHO/UNICEF/IGN guidelines for iodine program managers (pictured).

#FutureFortified Summit

9–11 September 2015, Arusha (Tanzania)

The Government of Tanzania and the Global Alliance for Improved Nutrition (GAIN) hosted the #FutureFortified Global Summit on Food Fortification from 9 to 11 September 2015 in Arusha, Tanzania.

As part of the Summit Technical Advisory Group (TAG), the IGN helped to design the evidence-based agenda. The Summit was a major milestone for fortification, universal salt iodization, and the broader #FutureFortified campaign.

The Summit brought together high-level policymakers from many countries around the world. Its main objectives were to generate interest, awareness, and investment in food fortification and salt iodization as evidence-based and highly effective means to deliver sustainable improvements in nutrient intakes and public health.

The Summit culminated in a Statement, with the following five recommendations on moving forward:

- Modest but new investment is essential.
- There is need for a major effort to improve oversight and enforcement of food fortification standards and regulations.
- There is a need to generate more evidence to guide fortification policy and program design.
- Progress requires more transparent accountability and global reporting.
- Continuing advocacy is a high priority.



The TAG continued to work post-Summit to consolidate the Summit’s priorities and chart a path forward, and has convened a series of working groups, which include the IGN. A final report for the fortification sector was completed in July 2016.

JONATHAN GORSTEIN
EXECUTIVE DIRECTOR, IODINE GLOBAL NETWORK

What can the global development community do to ensure a #futurefortified? Click above to watch the video (YouTube).

To download the publication, go to: www.ign.org/future-fortified-recommendations.htm

Linking sodium reduction and salt iodization strategies

17th Latin American Congress of Nutrition
8–12 November, 2015 in Punta Cana (Dominican Republic)

The 17th Latin American Congress of Nutrition held on 8–12 November in Punta Cana, Dominican Republic, devoted a special symposium to salt fortification and salt reduction, moderated by Rubén Grajeda from PAHO, and Luz Maria de Regil from the Micronutrient Initiative.

In this session, Juan Pablo Peña-Rosas (WHO) gave a talk about the use of scientific evidence in the development of WHO guidelines on the fortification of food grade salt with iodine, and discussed the achievements and challenges of salt reduction strategies. Luz Maria de Regil, who is also an IGN Board Director, gave a presentation on the latest achievements and emerging evidence on fortification of salt with micronutrients other than iodine.

At the same time as salt is being used as an effective vehicle to deliver iodine to the population, programs and strategies are being implemented in many countries to reduce the population salt intake. In a statement published in 2014, the World Health Organization reiterated its stance that salt reduction and salt iodization are compatible, and it called for closer collaboration between the two public health strategies, particularly in the area of monitoring¹.

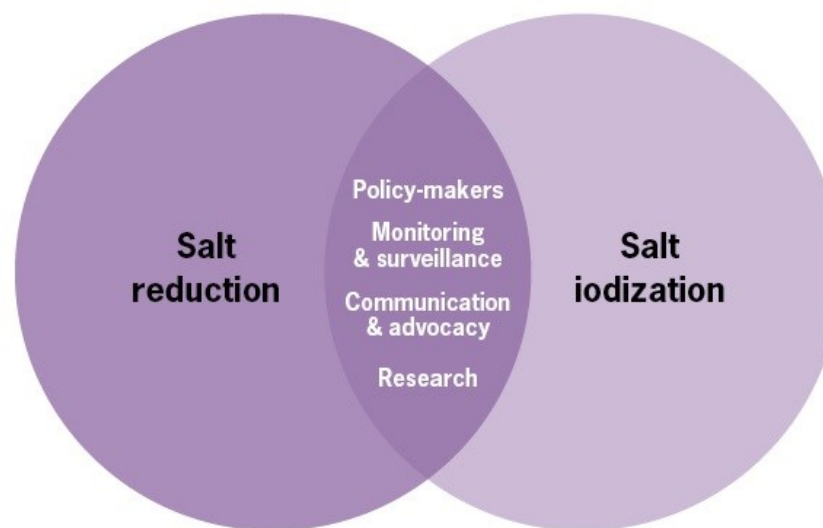
The special symposium was an opportunity for Eduardo Pretell (IGN Regional Coordinator for the Americas) to discuss the remarkable progress of salt iodization programs across the region, particularly where they are successfully implemented in parallel to salt reduction strategies.

The complete program is available on the website: www.slan2015.com 

1. WHO and the George Institute. Salt reduction and iodine fortification strategies in public health Report of a joint technical meeting, 2014. (http://www.who.int/nutrition/publications/publichealth_saltreduc_iodine_fortification/en/, accessed December 19, 2015).



Above: L-R: Rubén Grajeda, PAHO; Eduardo Pretell, IGN Regional Coordinator for Americas; Luz Maria de Regil, Micronutrient Initiative and IGN Board; Juan Pablo Peña-Rosas, WHO



Left: Areas of integration between salt reduction and salt iodization strategies, according to the World Health Organization¹.

IGN Satellite Meeting, International Thyroid Congress (ITC)

18 October 2015, Orlando, FL (USA)

The 15th International Thyroid Congress (ITC) was held on 18–23 October last year in Orlando, USA. Hosted by the American Thyroid Association (ATA), the ITC the Congress brought together the international community of endocrine specialists and other health professionals to present the latest developments in thyroidology.

On 18th October, the Iodine Global Network held a Satellite Meeting devoted to “Iodine Deficiency Throughout Life”. This side meeting was an opportunity to discuss the latest developments in global IDD efforts, improve awareness of iodine nutrition among thyroidologists, and to promote international collaborations for IDD prevention efforts.

The presentation topics ranged from the global IDD status, through challenges of salt iodization, to the results of recent studies. The SIMPLIFY study aims to establish the iodine requirements in pregnant and lactating mothers and their weaning infants. The MITCH study aims to study the effect of iodine supplementation on iodine status and cognitive development of children. Although iodized salt is the most effective vehicle for iodine delivery, there are contexts in which iodine supplementation may be recommended¹.

In the U.S., where the importance of iodine nutrition in pregnancy is often overlooked, Elizabeth Pearce (IGN Deputy Regional Coordinator for the Americas) is co-chairing the development of new guidelines for the ATA regarding the thyroid during pregnancy, which will include a section on iodine nutrition in pregnancy. The updated guidelines will be published by late 2016.

www.itc2015.thyroid.org



1. WHO/UNICEF. Reaching optimal iodine nutrition in pregnant and lactating women and young children. Joint Statement by the World Health Organization and the United Nations Children’s Fund. Geneva: WHO, 2007



15th International THYROID CONGRESS

and
85th Annual Meeting of the ATA

OCTOBER 18-23, 2015

Lake Buena Vista, Florida

Walt Disney World Swan and Dolphin Resort



www.ITC2015.thyroid.org

Sponsored by the ATA | Co-sponsored by the ATA, AOTA, ETA and LATS

Iodine Global Network (IGN) Satellite Meeting at the 15th International Thyroid Congress Orlando, Florida Sunday, October 18, 2015

8:50 am Welcome and Announcements

Elizabeth N. Pearce, MD, MSc. Associate Professor Medicine, Boston University School of Medicine; IGN Deputy Regional Coordinator for the Americas

9:00 – 9:40 am Global Perspective on IDD Efforts

Roland Kupka, ScD. Senior Advisor, UNICEF; Member of IGN Board of Directors

9:40 – 10:05 am UK Iodine Status

Mark Vanderpump, MB, ChB, MD, FRCP. Consultant Physician and Honorary Senior Lecturer in Diabetes and Endocrinology, Royal Free Hampstead NHS Trust, London

10:05 – 10:30 am Coffee Break

10:30 – 10:55 am The SIMPLIFY Study

Theo San Luis, MD, MPA. Dean Emeritus, St Luke’s College of Medicine- William H Quasha Memorial, Manila, Philippines; IGN National Coordinator for the Philippines

10:55 – 11:20 am The MITCH Study

Michael Zimmermann, MD, MSc. Professor, Head of the Human Nutrition Laboratory, Institute

Iodine nutrition in Europe

EUthyroid is the first a pan-European initiative which has taken on the challenge of measuring the iodine intake of the European population and developing appropriate measures to sustainably improve the iodine intake in Europe.

Launched in June 2015 and supported by the European Union's Horizon 2020 research & innovation program, and coordinated by the University of Greifswald in Germany, the project will receive almost €3.5 million in funding over three years.

Within EUthyroid, 30 partners (including the Iodine Global Network) from 30 countries pool the expertise of renowned epidemiologists, endocrinologists, nutritionists and health economists. The EUthyroid network and the IGN have been collaborating closely.

The IGN's National Coordinators will support the dissemination and implementation of EUthyroid recommendations by national health authorities.

EUthyroid objectives

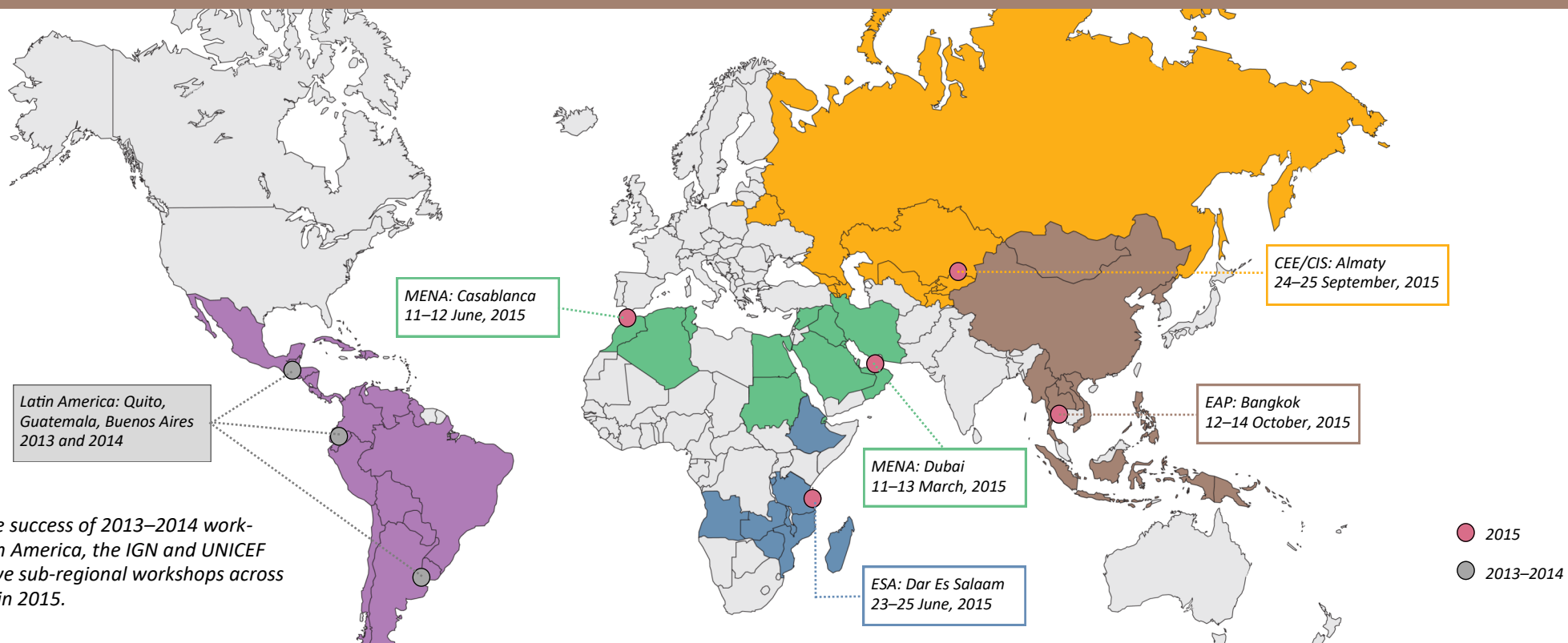
- Build capacity of national studies to enable collection of standardized data on the iodine intake of the population (general population and pregnant women) to create a map of iodine status across Europe
- Compare national IDD programs and dietary habits to identify sources of dietary iodine
- Harmonize and standardize data collection of future studies
- Analyze the effectiveness and the cost-to-benefit ratio of existing prevention programs
- Develop appropriate measures toward an improved and unified iodine intake
- Analyze three mother-child studies from regions with different iodine intake
- Establish thyroglobulin as a biomarker for individual iodine status.

For EUthyroid progress updates, go to: www.euthyroid.eu/press-media



Below: EUthyroid members at a policy meeting in Brussels on April 28, 2015. L-R, Stefan Grünert, biolution; Ans Eilander, Unilever plc; Iris Grünert, CEO biolution; Laurence Doughan, Belgian Ministry of Health; Rodrigo Moreno-Reyes, Erasme-ULB; Yvette Azzopardi, Department for Health and Food Safety (DG SANTE), EC; Henry Völzke, University Medicine Greifswald; Wouter Lox, EuSalt; John Lazarus, IGN; Lilou van Lieshout, ILSI Europe; Katja Hora, SQM Europe N.V.; Diana Albrecht, University Medicine Greifswald





Following the success of 2013–2014 workshops in Latin America, the IGN and UNICEF conducted five sub-regional workshops across four regions in 2015.

Regional Workshops on the Sustainable Prevention of Iodine Deficiency and Achievement of Optimal Iodine Nutrition

In response to the need to achieve and sustain the elimination of IDD by committing to universal salt iodization (USI), the IGN and UNICEF organized and implemented a series of regional workshops. These included two sub-regional workshops in the Middle East & North Africa (MENA) Region, as well as single workshops in the Central & Eastern Europe/Commonwealth of Independent States (CEE/CIS) Region, the East Asia & Pacific (EAP) Region, and the East & Southern Africa (ESA) Region.

The workshops incorporated a series of planning activities which enabled countries to set strategic priorities and identify opportunities to expand or strengthen their USI programs.

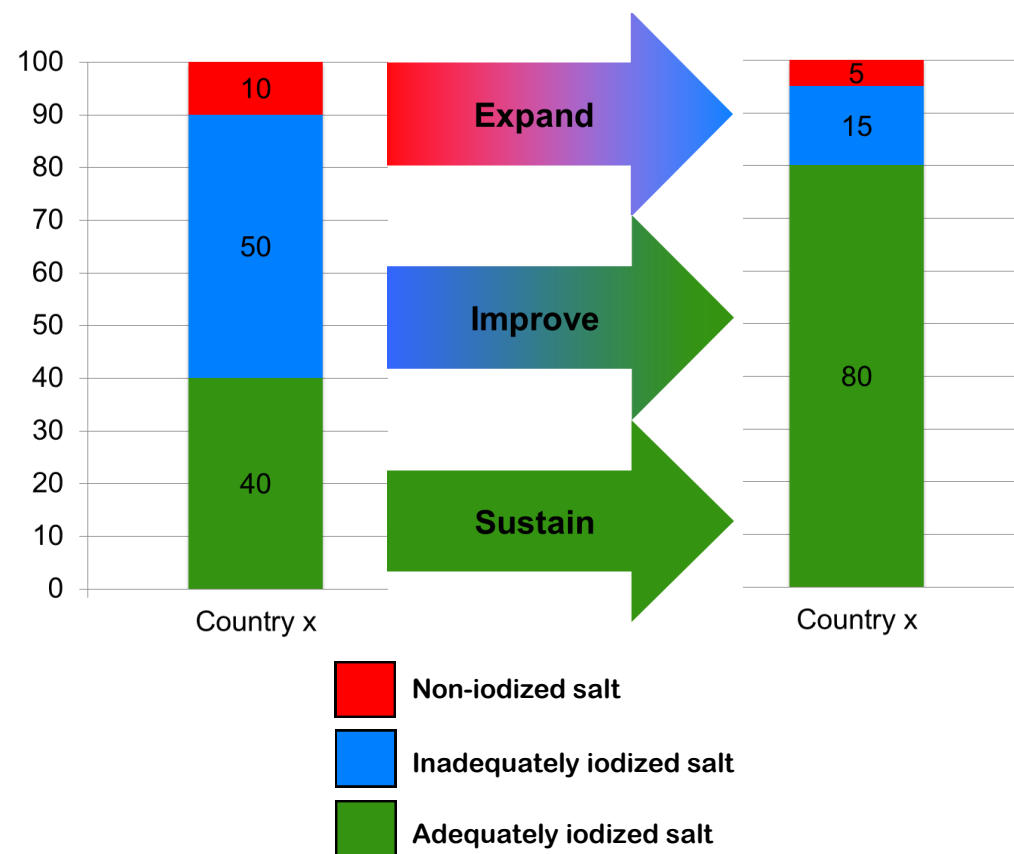
Participants included national Teams, including national IDD/USI program managers, IGN national coordinators, government officials, and representatives from the salt industries and NGOs. Each workshop was adapted to the particular needs of the respective countries, but there were a number of common objectives.

1. Review the status of USI implementation, including existing coordination among the stakeholders, and approaches to overcome critical bottlenecks
2. Update the critical stakeholders on the latest technical developments in IDD prevention and the changing landscape of iodine programs, including the importance of iodized salt in processed foods and the need to integrate salt iodization and salt reduction strategies
3. Discuss the status of regulatory monitoring and quality assurance of iodized salt production, and identify opportunities to link to existing food surveillance and monitoring systems
4. Share pertinent experiences, lessons learnt and good management practices for sustained USI
5. Where appropriate, define steps for strengthening and/or formation of national iodine coalitions
6. Develop a work plan for achieving appropriate revisions and changes of the national USI program based on strategic priorities to improve iodine status

Regional workshops: Lessons learned

1. Universal salt iodization (USI) is a cost-effective strategy to eliminate IDD.
2. USI achievements have not been uniformly sustained, and political commitment has slipped in some countries.
3. National, multi-sectoral alliances are necessary to guide salt iodization programmes.
4. Mandatory legislation is necessary for the achievement of universal salt iodization and a public health impact.
5. Salt iodization and salt reduction strategies are compatible
6. Salt iodization can and should be integrated into wider food fortification and nutrition agenda.
7. Sufficient and effective regulatory monitoring systems are lacking in many countries.
8. Understanding the structure of the salt industry is key to effective salt iodization programmes.
9. Surveillance and evaluation systems are necessary to assess impact, identify unreached groups, and provide data for fine-tuning of programmes.
10. The population should be informed regarding the benefits of iodized salt consumption.

Below: To achieve universal salt iodization for optimal iodine nutrition, countries must focus on sustaining the current levels of adequately iodized salt, improving iodine levels in salt that is inadequately iodized, and expanding iodization to salt not currently covered.





Above right: Attendees of the second MENA subregional workshop in Casablanca, Morocco, on 11–12 June, 2015.



Below right: Izzeldin Hussein, IGN Regional Coordinator for MENA, opening the workshop in Dubai, UAE on 11–13 March, 2015.



Above left: Over 50 participants from 10 countries (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyz Republic, Russia, Tajikistan and Uzbekistan) attended the workshop in Almaty, Kazakhstan on 24–25 September, 2015.



Below left: (L-R) Frits van der Haar, IGN Senior Advisor; Gregory Gerasimov, IGN Regional Coordinator for Eastern Europe/Central Asia; Yuri Oksamitny, UNICEF Kazakhstan; Prof. Turegeldy Sharmanov, President of the Kazakh Academy of Nutrition

For more details on the CEE/CIS workshop proceedings and presentations, go to:
www.ign.org/ceecis-workshop-2015.htm





Above right: Over 70 participants attended the East & Southern Africa workshop in Dar es Salaam, Tanzania, on 23—25 June 2015

Below left: Dr Donan Mmbado, the Permanent Secretary, Ministry of Health and Social Welfare Tanzania giving opening remarks.



Below right: Participants listening to the workshop proceedings.



Right: Through presentations, panel discussions, and group work, the three-day EAP workshop in Bangkok, Thailand, offered a forum to discuss challenges and revise national IDD programs



Below: The Iodine Global Network team at the workshop in Bangkok on 12–14 October, 2015. L-R: Theo San Luis (NC Philippines), Sangsom Sinawat (NC Thailand); Jonathan Gorstein (Executive Director); Gosia Gizak (Communications Officer); Karen Codling (RC South-East Asia & Pacific); Victor Temple (NC Papua New Guinea); Ming Qian (RC China & East Asia)



For more details on the EAP workshop proceedings and presentations, go to:
www.ign.org/eap-workshop-2015.htm



What is the situation in Burundi?

Intermittent political and civil unrest has contributed to a very poor nutritional status in the country, and it has stalled progress against iodine deficiency disorders.

A small country in East Africa, Burundi relies on the neighboring countries to meet its demand for food-grade salt.

But imports are not adequately controlled, and in 2014, 80% of imported salt contained too little or no iodine.

What have we helped to achieve?

The IGN's Regional Coordinator for East Africa, Dr. Vincent Assey has been a partner in discussions with UNICEF, WHO, and WFP to conduct a new survey of iodine status and coverage of iodized salt.

To improve the quality of iodized salt entering the country, he visited the large salt exporters to Burundi in the neighboring Tanzania, to ensure that their salt is iodized correctly.

The Government of Burundi is committed to completing the survey in 2016.



Burundi

X

IGN REGION: Eastern Africa

POPULATION: 8,382,849 (2014)

MEDIAN UIC: 70 µg/L (SAC)

POP. IODINE INTAKE: INSUFFICIENT

DATA SOURCE: 2005 (NATIONAL)

HH COVERAGE WITH IODIZED SALT*: -

*Percentage of households consuming adequately iodized salt measured by Rapid Test Kits

What are the next steps?

Using data generated by the iodine survey, we plan to generate political support for stricter legislation to improve import controls.

In collaboration with the Ministry of Health, we plan to implement the testing of iodine in imported salt for compliance with national legislation. Following the signing of a Presidential Decree on Food Fortification in August 2015, we will work to align salt iodization with other fortification efforts and partners in Burundi.



Matthias Burch via Flickr; CC BY-NC-ND 2.0

Right: Political and civil unrest has contributed to a poor nutritional status among the most vulnerable population groups in Burundi.

What is the situation in Haiti?

Haiti is the only country in the Western hemisphere still classified as being iodine deficient, which means that people are at risk of IDD.

Although Haiti has an iodization program, access to iodized salt is very limited, and the awareness of the importance of adequate iodine nutrition is very low among Haitians.

What have we helped to achieve?

Elizabeth Pearce (IGN Deputy Regional Coordinator) collaborated with Boston Children's Hospital to complete a survey of urinary iodine concentrations and thyroid function. The aim was to determine the iodine status of Haitian infants and pre-school children from three different regions of Haiti.

The IGN funded the laboratory measurements, which suggests that iodine status may have improved in the space of just a few years, and may be adequate in this age group.



Haiti

X

IGN REGION: Americas

POPULATION: 10,461,409 (2014)

MEDIAN UIC: 84 µg/L (SAC)

POP. IODINE INTAKE: INSUFFICIENT

DATA SOURCE: 2004-2005 (NATIONAL)

HH COVERAGE WITH IODIZED SALT *: 3.0%
(2005) (Source: UNICEF)

*Percentage of households consuming adequately iodized salt measured by Rapid Test Kits

What are the next steps?

An advocacy meeting with the Haitian Ministry of Health is planned in July 2016 in partnership with UNICEF and USAID. The meeting will seek commitment from the Government of Haiti to a sustainable IDD prevention program.

The study results will be published in a peer reviewed journal.

***Below:** Iodine nutrition among Haitian children has improved dramatically in just a few years.*



What is the situation in India?

In the past two decades there has been substantial progress towards achieving universal salt iodization in India.

Yet, the IDD program has experienced a number of setbacks, and in 2006, the household coverage of adequately iodized salt in India was only 51%, and an estimated 13 million newborns were unprotected against IDD.

Urgent efforts were needed to accelerate progress in India. As a result of intensified advocacy efforts with the central government, and the state governments, it was possible to reinstate the ban on non-iodized salt, previously lifted in 2000.



Above: The first national iodine survey of iodine nutrition shows that women across India have adequate iodine status.



Women in India are now iodine-sufficient

In 2014, the GAIN-UNICEF USI Partnership Project provided financial and technical support for the first ever national survey to assess the availability of adequately iodized salt, nutritional iodine status (in women of reproductive age, WRA), and to estimate salt intake in India.

The Indian Coalition for Control of Iodine Deficiency Disorders (ICCIDD, the Indian arm of the Iodine Global Network) was the lead agency and was supported by GAIN, the Statistical Services Centre (SSC), Reading University, and Nielsen (India) Pvt. Ltd.

The survey found that, nationally, the household coverage with iodized salt was 92%, and 78% with adequately iodized salt (≥ 15 ppm).

The median urinary iodine (UI) concentration among women of reproductive age was 158 $\mu\text{g/L}$, reflecting optimal iodine nutrition.

Efforts will continue to achieve >90% household coverage with adequately iodized salt by strengthening the IDD elimination program structures and partnerships, the supply chain of iodized salt, and the regulatory framework.

What is the situation in Lebanon?

Iodine deficiency was first identified as a public health problem in the 1960s. Due to political unrest, mandatory salt iodization law was not implemented until 1995.

Although iodine status improved initially, a recent national survey has shown that iodine intakes have fallen back to pre-iodization levels.

The study also found that more than half of all salt available on the market is poorly iodized.

What have we helped to achieve?

The IGN has provided financial and technical support to conduct the national IDD survey in 2013–2014 and determine iodine content in retail salt, which showed that access to iodized salt is inadequate and iodine nutrition has declined.

In collaboration with the American University of Beirut and the Knowledge to Policy (K2P) Center, the IGN has supported a policy brief to inform changes to the current iodization policy to ensure optimal iodine nutrition.



Lebanon

X

IGN REGION: Middle East & North Africa

POPULATION: 84,965,914 (2014)

MEDIAN UIC: 66 µg/L (SAC)

POP. IODINE INTAKE: INSUFFICIENT

DATA SOURCE: 2013 (NATIONAL)

HH COVERAGE WITH IODIZED SALT *: 70.7%
(2009) (Source: UNICEF)

*Percentage of households consuming adequately iodized salt measured by Rapid Test Kits

What are the next steps?

In 2016, the IGN will continue to support policy dialogue at the highest level to facilitate effective implementation of mandatory salt iodization.

The IGN will provide financial and technical support to the four largest iodized salt producers who supply >90% of salt to the market to help them improve their internal monitoring procedures and ensure that their salt is adequately iodized.



Right: Adequately iodized salt will benefit all school-age children in Lebanon, including those who are seeking refuge from the conflict in Syria (pictured).

What is the situation in Madagascar?

Historically, Madagascar was affected by high rates of endemic goiter, which led to the adoption of mandatory iodization law in 1995.

A political crisis in 2009–2013 has weakened the coordination, monitoring, and communication aspects of IDD elimination.

False information linking iodized salt with heightened risk of hypertension emerged from the medical community in early 2012.

What have we helped to achieve?

Following multi-agency advocacy efforts with the Ministry of Health and National Nutrition Office, the government signed a consensus statement to revitalize salt iodization for the elimination of IDD.

The IGN supported a national survey of iodine status and coverage of iodized salt, placing great emphasis on quality assurance of sample analysis at the local laboratories involved in the study.

The IGN arranged for a Tanzanian salt laboratory expert to visit the MoH salt iodine laboratory in Antananarivo for further training of staff.

Preliminary survey results show that the household coverage of iodized salt has declined dramatically since 2009 and women in Madagascar are iodine deficient, which means that thousands of newborns may be at risk of mental impairment due to IDD.

Right: Results of the new iodine survey suggest that women of reproductive age may be iodine-deficient.



Madagascar

X

IGN REGION: Southern Africa

POPULATION: 23,571,962 (2014)

MEDIAN UIC: 49 µg/L (WRA)

POP. IODINE INTAKE: INSUFFICIENT

DATA SOURCE: 2014 (NATIONAL)

HH COVERAGE WITH IODIZED SALT*: 21.3% (2014)

*Percentage of households consuming adequately iodized salt measured by Rapid Test Kits

What are the next steps?

The survey results will be disseminated widely to inform a new action plan for the IDD stakeholders in Madagascar.

The goal will also be to mobilize support from international organizations for follow-up actions. To accelerate the production of iodized salt and protect newborns against IDD, short-term procurement of KIO₃ may be facilitated.

The IGN will offer financial support to upgrade the Ministry of Health's iodized salt laboratory, to strengthen its operations and quality assurance/control procedures, which will strengthen the monitoring of the IDD program in the long term.



What is the situation in Sudan?

Historically iodine deficiency has been a serious problem in Sudan. Despite federal legislation making iodization of salt mandatory, only 10 out of 18 states have banned non-iodized salt.

In 2015 <10% of households use iodized salt, less than anywhere else in the MENA region.

The IDD prevention program requires a better, consolidated salt industry, better law enforcement, governance, and monitoring.



What are the next steps?

In 2016 and beyond, the IGN will continue to advocate and support Sudan’s effort to shift from the traditional salt industry to a modern model with advanced iodization technology and a proper quality control/assurance system to ensure access to adequately iodized salt across Sudan.

The IGN will work to align the priorities and tasks of all partners, provide updated scientific evidence and program guidance, and continue advocating for political will and increased resources. Our goal will be to increase the production of iodized salt in Sudan to meet the population needs, and to increase coverage to >90% by 2019.

What have we helped to achieve?

We have partnered with UNICEF in the MENA Region to conduct high-level policy advocacy on USI and IDD prevention in Sudan.

A workshop in early 2015 identified the key barriers preventing Sudan from achieving USI and identified actions that would address them.

The IGN’s Regional Coordinator for MENA, Dr. Izzeldin Hussein facilitated a series of meetings in July–August 2015 and secured high-level political commitment to improving the situation within the next five years.

Sudan X

IGN REGION: Middle East & North Africa

POPULATION: 38,764,090 (2014)

MEDIAN UIC: 66 µg/L (SAC)

POP. IODINE INTAKE: INSUFFICIENT

DATA SOURCE: 2006 (SUB-NATIONAL)

HH COVERAGE WITH IODIZED SALT *: 9.5% (2010) (Source: UNICEF)

*Percentage of households consuming adequately iodized salt measured by Rapid Test Kits



What is the situation in Vietnam?

From 1999 to 2005, Vietnam had a highly successful salt iodization program, and quality iodized salt reached more than 90% of households by 2005.

However, believing that IDD had been eliminated, the country passed a new law in 2005, which made salt iodization voluntary and downgraded the program.

By 2011, the number of households using iodized salt had halved.

What have we helped to achieve?

Following the program changes in 2005, the IGN joined forces with UNICEF, WHO, and other partners, to advocate for the need to reinstate mandatory salt iodization. The IGN participated in a number of program reviews and, more recently, in national meetings to draft a new law.

As a result of these joint efforts, led by the UNICEF Vietnam Office, revised legislation for mandatory salt iodization was approved in January 2016 and it will come into force in March 2017, effectively restarting the program.

What are the next steps?

The IGN will continue to collaborate with the Vietnamese government, UNICEF, and other partners to ensure that the country has a feasible and effective salt iodization program that will lead to high coverage of adequately iodized salt and optimal iodine status.



The implementation details for Vietnam’s mandatory salt iodization legislation are currently being developed by all key stakeholders. The IGN commends the Vietnamese government for plans to implement the new Decree within the routine food control system, and it has advocated that salt iodization is positioned as an integral part of the broader food fortification and nutrition efforts, and integrated into existing national coordination and monitoring systems, and budgets.

Vietnam X

IGN REGION: South East Asia & the Pacific

POPULATION: 92,547,959 (2014)

MEDIAN UIC: 84 µg/L (SAC)

POP. IODINE INTAKE: INSUFFICIENT

DATA SOURCE: 2013-2014 (NATIONAL)

HH COVERAGE WITH IODIZED SALT *: 45.1% (2010-2011) (Source: UNICEF)

*Percentage of households consuming adequately iodized salt measured by Rapid Test Kits




Mark Knobil via Flickr; CC BY 2.0

New website launched in May 2015

Thanks to a grant from UNICEF, a re-designed website of the Iodine Global Network launched in May 2015. The former domain (www.iccidd.org) was redirected to www.ign.org, following a change of name from International Council for the Control of Iodine Deficiency Disorders Global Network (ICCIDD GN) to the **Iodine Global Network (IGN)**.

The website uses a responsive design, which caters to the growing global audience of mobile and tablet users. The updated content is designed to meet the needs of users with varying degrees of technical knowledge of iodine nutrition and programs. Some of the new features include:

Interactive global map of iodine status

a map on the home page summarizing some of the key data on iodine nutrition from the latest Global Scorecard. Go to: ign.org or to download the Scorecard as pdf go to: www.ign.org/scorecard.htm 

Region and country pages

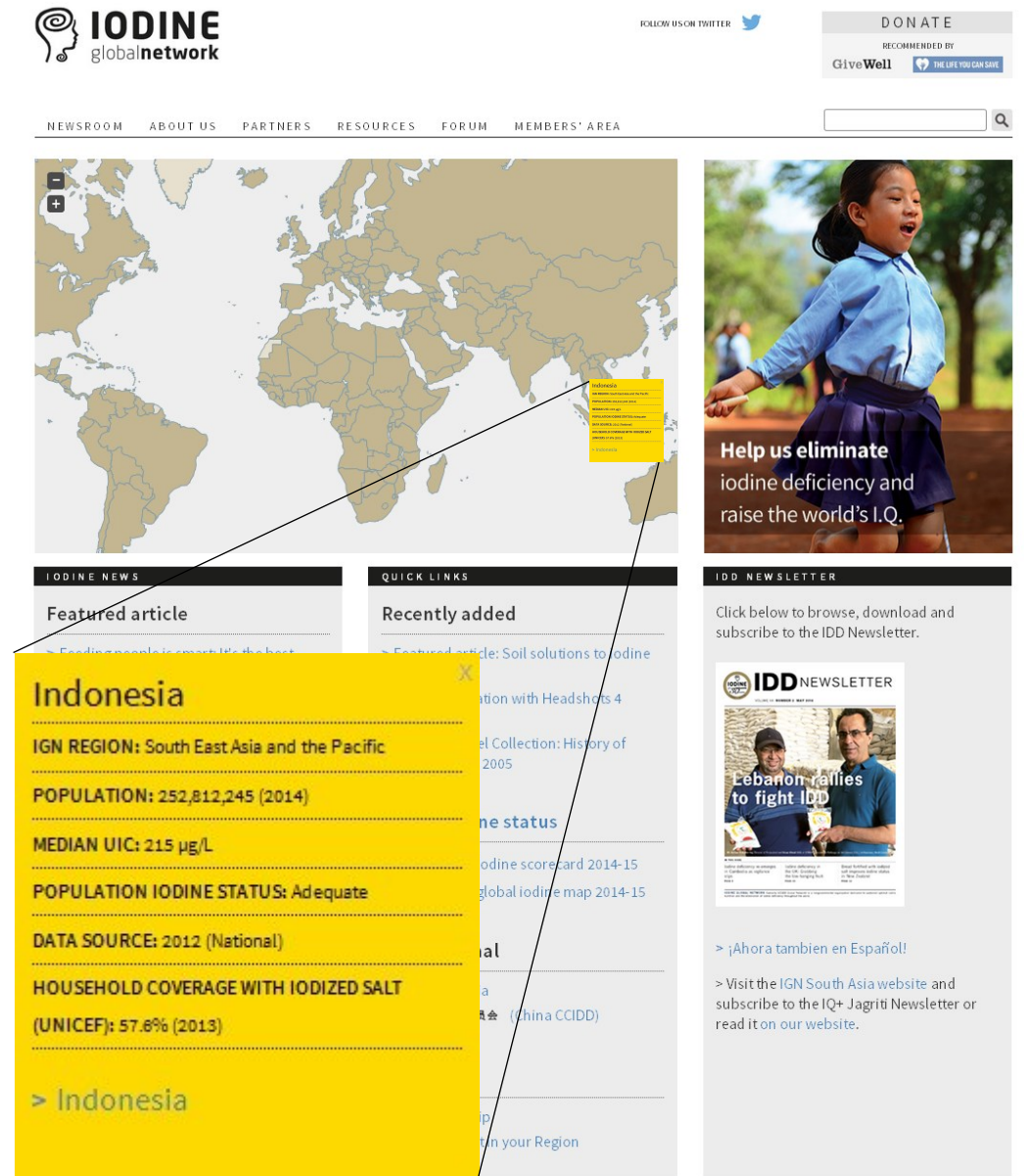
Individual pages for each country with iodine news, documents, publications, and links. The website now supports non-Latin languages, making it possible to include Russian and Chinese content. To contribute documents to a country or regional page, please contact us at info@ign.org

Iodine Message Board


A public forum to exchange views on iodine nutrition, salt iodization, and programmatic guidance. Go to: www.ign.org/forum 

Resource package for program managers

This important global repository of documents for iodine program managers is currently under construction and will be completed in 2016. It will include guidance on the design, implementation, and monitoring of iodine programs, as well as a comprehensive library of technical publications related to iodine nutrition.



IODINE
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NEWSROOM ABOUT US PARTNERS RESOURCES FORUM MEMBERS' AREA

Featured article

Recently added

IDD NEWSLETTER

Click below to browse, download and subscribe to the IDD Newsletter.

IDD NEWSLETTER

Lebanon rallies to fight IDD

> ¡Ahora tambien en Español!

> Visit the IGN South Asia website and subscribe to the IQ+ Jagriti Newsletter or read it on our website.

Indonesia

IGN REGION: South East Asia and the Pacific

POPULATION: 252,812,245 (2014)

MEDIAN UIC: 215 µg/L

POPULATION IODINE STATUS: Adequate

DATA SOURCE: 2012 (National)

HOUSEHOLD COVERAGE WITH IODIZED SALT (UNICEF): 57.6% (2013)

> Indonesia

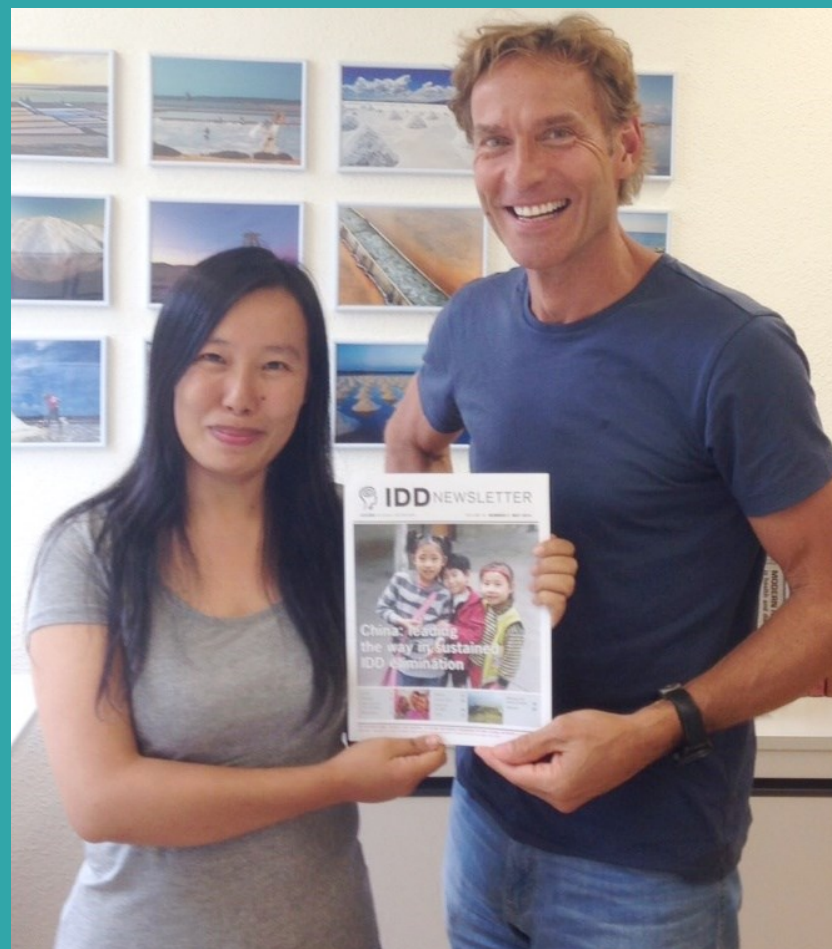
Above: The new home page with a global map of iodine status. A pop-up window summarizes key country data (example: Indonesia).

IDD Newsletter

The IDD Newsletter is a flagship publication devoted to global iodine nutrition with an international readership of around 10,000 research scientists, policymakers, and nutrition program managers. It is published quarterly and distributed free of charge by e-mail and post.

In 2015 the IGN has established a collaboration with an editorial team in China to work on the Chinese edition of the IDD Newsletter. The team, consisting of endocrinology and iodine experts, is expected to publish the first issue in 2016. Opportunities to translate the Newsletter into Spanish and other languages, such as Russian, French, and Arabic are actively explored.

To subscribe to the IDD Newsletter, go to: www.ign.org/idd-newsletter-dashboard.htm

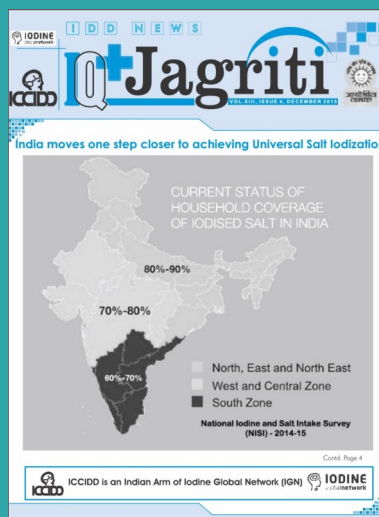


Above: Michael Zimmermann, IGN Chair and Editor of the IDD Newsletter at ETH Zürich with Dr. Zhongna Sang, M.D., a visiting scientist from Tianjin Medical University, who will be part of the editorial team collaborating on the Chinese IDD Newsletter.

IQ+ Jagriti

The IQ+ Jagriti is a quarterly newsletter with a focus on IDD elimination in the South Asia region. It is edited by Dr. Chandrakant Pandav, IGN Regional Coordinator for South Asia, and his editorial team at the regional office in New Delhi, India.

To subscribe to the IQ+ Jagriti Newsletter, go to: www.iqplusin.org



Left: In 2015, the IDD Newsletter and the IQ+ Jagriti Newsletter continued to focus on some of the key events and developments in iodine programming around the world.

Fundraising – doing good with iodized salt

Following an extensive review in 2014, the California-based charity evaluator **GiveWell** recommended the Iodine Global Network as a standout charity for our work to support global efforts to eliminate iodine deficiency, primarily through universal salt iodization (USI)—a cost-effective, evidence-based nutritional intervention.

GiveWell promotes effective altruism to inform donors of the most worthwhile investments that can be made to promote global development.

GiveWell notes that iodine deficiency permanently affects intelligence and the social and economic prospects of affected individuals and populations. Salt iodization costs pennies: only about US\$ 0.02–0.05 per child covered worldwide¹, and every US\$1 invested in salt iodization could bring a cost-benefit of at least \$30².

As a result of the recommendation, the IGN received a \$250,000 grant from **Good Ventures**, GiveWell's partner in the **Open Philanthropy Project**. A matching grant was generously awarded to the IGN by **MaxMind**, a technology company providing world-class IP intelligence solutions, based in Massachusetts, U.S. MaxMind and its founder donate over 50% of their corporate profits to high-impact, effective charities.


The GiveWell recommendation as a standout charity and both grants were awarded to the IGN for the second time in 2015. The additional funding has enabled us to accelerate efforts in high-burden countries.



'The Life You Can Save'

The Life You Can Save is an advocacy and educational outreach organization founded by Princeton ethicist and author of books on effective altruism, Peter Singer. In 2014 and in 2015, the IGN was included on its list of best global charities that aid the global poor.

Impact Calculator

We have collaborated with 'The Life You Can Save' to provide a tool for our existing and future donors to calculate the impact of their donation. Go to: www.ign.org/impact-calculator.htm 

A Global Partnership's Fight Against Iodine Deficiency

[<< back to Features](#)

This article was originally written for The Life You Can Save blog and published on 11 June 2015. You can now listen to it or download it as a podcast here.



A salt producer in Tamil Nadu, India harvests iodized salt from a dry lake bed. The IGN is working with local salt producers to upgrade their processing and iodizing equipment.

By Jonathan Gorstein and Greg S. Garrett

The Life You Can Save and GiveWell recently highlighted the critical importance of iodine nutrition by recommending not one but two non-profit organizations working to improve iodine nutrition: the Global Alliance for Improved Nutrition (GAIN) and the Iodine Global Network (IGN). Iodine nutrition is important, and why right now?

Above: Our work to support salt iodization has features in a blog and a monthly newsletter edited by 'The Life You Can Save'.

Iodine Global Network (IGN)

Who needs superheroes when we've got "The man who saved a million brains"?

Endocrinologist & long-standing IGN Board Member Creswell (Cres) Eastman does crucial work leading projects to prevent and abolish birth defects caused by Iodine Deficiency Disorders (IDD) throughout the developing world.

Children born to mothers deficient in iodine can suffer a range of defects including mental retardation, deafness, and speech and physical impairments.

Over the past decades, Cres and his teams have been effective in Malaysia, Laos, Thailand, Vietnam, Indonesia, China and Tibet. His transformative work with populations in remote areas of China led him to be dubbed "the man who saved a million brains". During his first visits to Tibet, Cres discovered that 13 percent of the population were born with cretinism as the result of iodine deficiency.

Cres' current focus is on the recurring problem of IDD in Australian and Thai populations. He is concerned that IDD may be affecting the ability of Australian children, particularly indigenous Australian children, to perform at school.

Further information:

Cres is Clinical Professor of Medicine at the University of Sydney Medical School, and Principal of the Sydney Thyroid Clinic at the Westmead Specialist Centre in Sydney. He is also a long-standing member of the Iodine Global Network's Board of Directors.

Listen to the podcast

[View the documentary trailer.](#)



Cres Eastman in Tibet. Photo courtesy of Mu Li and Cres Eastman.

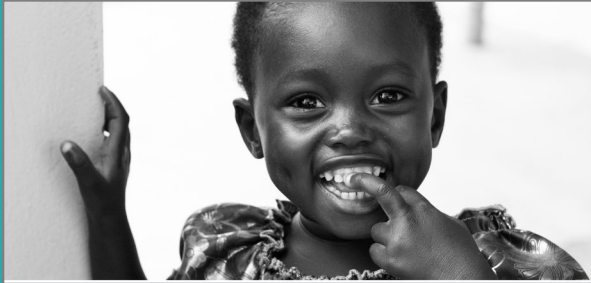


Watch a video about how IGN's Creswell Eastman saved a million brains

1. Zimmermann, MB. Iodine requirements and the risks and benefits of correcting iodine deficiency in populations. *Journal of Trace Elements in Medicine and Biology* 2008, 22:81–92

2. Final Statement on Food Fortification, #FutureFortified Summit, Arusha (Sept 2015). Available at: <http://www.gainhealth.org/wp-content/uploads/2015/05/Arusha-Statement.pdf>

Headshots for Hunger: A campaign to support effective altruism



We're harnessing the power of **your smile**, to get **healthier food** to mothers and children around the world.

OUR PARTNERS

work with **governments, local leaders** and **private sector** to assist in the design and implementation of effective food fortification programs.



TOP-RATED ONLY

We support **high-impact** organizations who are using **data** to drive their work.

Use your **profile pic for good!** Caption: "I believe in a world where everyone gets the vitamins and minerals they need to be happy, healthy and prosperous #foodfortification #Headshots4Hunger @DontWaitDonate."

Headshots 4 Hunger is a unique campaign dedicated to fighting micronutrient deficiency by donating proceeds to just two effective charities: the Iodine Global Network and Project Healthy Children. Its creator is Jenn Korman, a St. Louis-based photographer with a passion for effecting positive change in the world, and founder of **Don't Wait Donate.**



In Jenn's own words, Don't Wait Donate was founded to make it easy for people to find and support organizations that are creating measurable and sustainable results. An interview with Jenn featured in the 01/2016 (February) issue of the IDD Newsletter.

To book a Headshots 4 Hunger studio for your company or community, and to find out more about Jenn's work, reach out to Jenn directly at Jenn@dontwaitdonate.org



Iodine for 2 Billion

In 2014, a 16-year-old American high-school student, Anika Agrawal, established an organization called **Iodinefor2Billion**, to raise awareness of iodine deficiency and iodized salt among her friends. To raise funds, Anika wrote a children's book (illustrated by her friend, Nibha Akireddy), and she decided to share her proceeds with the Iodine Global Network.

The organization's catchy name is based on the concept that 2 billion people globally are estimated to be at risk of iodine deficiency, and yet the solution to this problem is simple and inexpensive—iodized salt. Anika's story featured in the 04/2015 issue of the IDD Newsletter.

To buy Anika's book, visit her website:



www.Iodinefor2Billion.org or contact us on info@ign.org



In 2015, the IGN had a strong financial position. Revenues realized were \$US 1,102,154 which compares to \$US 661,215 in 2014 and includes the drawdown of revenues from GiveWell, deferred in 2014.

At December 31, 2015, the IGN had deferred contributions of \$US 692,457, of which \$US 612,510 comes from donations through GiveWell, and the remaining amounts from contracts.

Net assets at the end of the year increased by \$US 286,164 from 2014 to a total of \$US 1,125,708. Of this, \$US 1,082,875 is cash and investments.

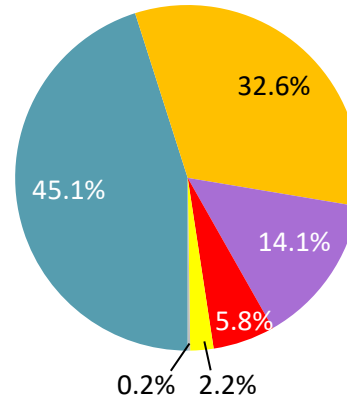
In 2015, total expenditure was \$US 1,040,848, which compares to \$US 720,302 in 2014, as well as a net surplus of \$US 28,645 which compares to a net deficit of \$US 94,667 in 2014.

The bulk of the budget in 2015 (70%) was allocated to support specific projects, such as the Sustainability Workshops, and activities of the Regional Coordinators to support IDD programs in specific countries.

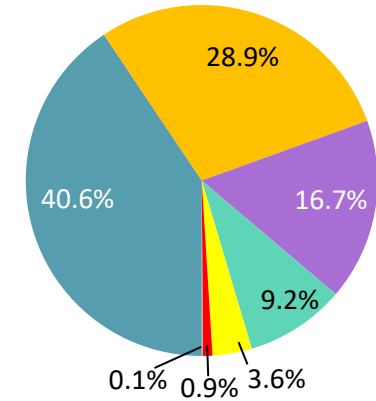
In 2015, thanks to donor support, the IGN has been able to substantially increase our support of IDD programs and specific activities across all regions. The total regional expenditure in 2015 was \$US 300,332, compared to \$US 212,136 in 2014.

 To download the IGN Financial Statements, go to: www.ign.org/about.htm

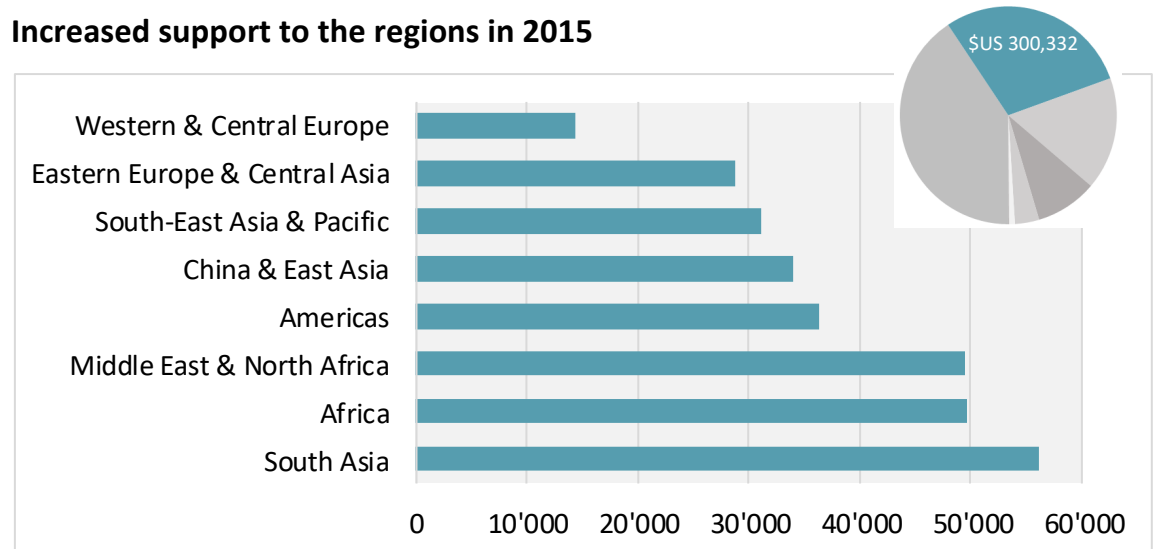
Total revenue 2015



Total expenditure 2015



Increased support to the regions in 2015





2015 Elections

The Iodine Global Network’s Annual General Meeting (AGM) was held electronically on 22–30 June, 2015. The following Directors were elected to the Board for a three-year term.

New Directors elected to the Board:

- Nora Beninger (Bruyere Care, Canada)
- Rafael Flores-Ayala (CDC, USA)
- Michael Zimmermann (ETH Zurich, Switzerland)


Re-elected Directors:

- Luiz Caetano (Sal Cisne, Brazil)
- Daniel Levac (Bruyere Care, Canada)

The IGN Board of Directors nominated the following new Officers:

- Michael Zimmermann as Chair
- Daniel Levac as Secretary
- Nora Beninger as Treasurer

In June 2015, the Board appointed Jonathan Gorstein (Sajilo Solutions/University of Washington and previously IGN Senior Advisor) as the new **Executive Director**.

 *To see the bios of Board Directors, go to:*
www.ign.org/our-leadership_1.htm

Left: New Directors: Nora Beninger, Rafael Flores-Ayala, and Michael Zimmermann. New Executive Director: Jonathan Gorstein

2015 Board, Iodine Global Network

- Chair**, Michael Zimmermann, Switzerland
- Treasurer**, Nora Beninger, Canada
- Secretary**, Daniel Levac, Canada

- Maria Andersson, Switzerland
- Luiz Caetano, Brazil
- Omar Dary, USAID, USA
- Luz Maria de Regil, Micronutrient Initiative, Canada
- Creswell Eastman, Australia
- Ashvini Hiran, India
- Rafael Flores-Ayala, US CDC, USA
- Greg S. Garrett, GAIN, Switzerland
- Roland Kupka, UNICEF, USA
- Mu Li, Australia
- Stan Soderstrom, Kiwanis, USA
- Peter Walker, Canada

In addition, World Health Organization is involved in the IGN Board as observers (since 2014 represented by Lisa Rogers)



Above: Dr. Marhone with Omar Dary from USAID and Michael Zimmermann from ETH Zurich (both serving IGN Board Directors)



Above: Jonathan Gorstein (IGN Executive Director) presenting at the inaugural session of the MC meeting

Appointment of new Regional and National Coordinators

During 2015, the IGN appointed several new representatives at the regional and national level, including:

Nita Dalmiya

Nutrition Specialist UNICEF WCARO, was appointed the Regional Coordinator for West & Central Africa

Dr. Fatima-Zahra Mouzouni

Head of the Endocrine and Metabolic Diseases, Directorate Of Epidemiology and Fighting Diseases, was appointed the National Coordinator for Morocco.

Dr. Joseline Marhone Pierre

Director of the Office of Nutrition, MSPP, was appointed the National Coordinator for Haiti

IGN Management Council Meeting 1–3 April, Muscat (Oman)

The IGN Management Council meeting was held on 1–3 April in Muscat, Oman. It was hosted by **Dr. Izzeldin Hussein**, IGN Regional Coordinator for Middle East & North Africa, under the auspices of Oman's Ministry of Health.

The meeting brought together the ten IGN Regional Coordinators to reflect on key highlights which took place in their respective regions over the previous year and to define strategic priorities for the coming year.

The meeting was an opportunity to ensure that all RC were operating in accordance with the revised IGN strategic plan and in line with our mandate focused on the following priorities:

- Harmonize and align agency programs in each region by reducing overlap and maximizing resources
- Align salt iodization and salt reduction programs by working with partners to get the message across clearly?
- Build regional and national capacity and mentor the next generation of IDD "champions"
- Better integrate USI into other micronutrient programs and nutrition initiatives



Established in 1986, the Iodine Global Network is a non-profit, non-government organization for the sustainable elimination of iodine deficiency worldwide.



Our vision

Our vision is a world where all people attain optimal iodine nutrition and children can reach their full cognitive potential.

Our mission

Our mission is to be the authoritative voice for iodine nutrition. We support and catalyze global and national iodine programs, working with key public, private, scientific and civic stakeholders. We focus on universal salt iodization as the most cost-effective and sustainable solution for prevention of iodine deficiency disorders.

We are a GiveWell-recommended standout charity for our work to support salt iodization, an evidence-based nutritional intervention.

To find out how you can join our growing number of supporters, please visit: www.ign.org/Donation



The Iodine Global Network is a charitable organization under Canadian law (Registered Charity Number: 893540419RR0001)

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