International Council for Control of Iodine Deficiency Disorders (ICCIDD)

Report of the Regional Co-ordinator, South Asia Region

2003

by

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Introduction

The year 2003 has been filled with increased activities. New partnerships have emerged. The most important of these is the one with Bharat Scouts and Guides. The independent feedbacks we get indicate that this virtually took the programme to the grass-roots level.

Groundwork has been done to enlarge the programme with the inclusion of consumer rights groups. Dialogues are on for further concretizing activities.

There has been increased laboratory-based activities. Technical support has been provided to desiring industry units.

At the Governmental level, there has been steady demand for professional advice and support for both planning and implementation.

The launch of the Regional Newsletter, "IQ^{+} Jagriti", is another landmark achievement during the year.

The iterative loop of "Research-Policy-Programme-Research" was much evident during the year; as also, it has seen the evolution of 'Beyond the laboratory'.

In sum total, a programme for the people have the people themselves participating in it.

I take pleasure in presenting the Regional Report-2003. The regional group solicits your comments and feedback.

Dr. Chandrakant S. Pandav
Regional Coordinator
International Council for Control of Iodine Deficiency Disorders
South Asia Region

Regional Consultation on draft National Plan of Action for Children-2003

At the UN General Assembly Special Session on Children (UNGASS), held in May 2002, member countries agreed to certain goals for children's survival, health, education and protection to be achieved for the current decade. In the wake of this, Department of Women & Child Development (DWCD) under Ministry of Human Resources Development Government of India is contemplating a **National Plan of Action for Children** which will be in tune with the national priorities and policies and the Tenth Five Year Plan. Towards this, the Department has been holding series of consultations with various Ministries & Departments, Experts and NGOs. As an outcome of this, a preliminary draft National Plan of Action for Children-2003 has been prepared. This would be finalized in consultation with various stakeholders like voluntary sector, experts and research institutions.

As part of this consultation, a one-day regional consultation was organized on the 4th June, 2003, at the Vigyan Bhawan, New Delhi. Dr. Chandrakant S. Pandav was invited to participate. One of the objectives under the topic 'Nutrition' is, ***"Achieve sustainable elimination of iodine deficiency disorders by 2005 [UN 37(22)]."*** The recommended strategy to achieve this is ***"To supply iodated salt in place of Common Salt".***

In terms of our contribution to the proposed plan, I have reassured the continuing collaboration and support on IDDE programmes, which is already in place on an ongoing basis. It was reiterated that this is one of the public health issues which has far reaching implications on the growth and development of a nation. The children are the most vulnerable group in this. It was further emphasized that this important programme is both attainable and results quantifiable. The existing and tested systems and mechanisms for its effective implementation and achieving goals were also shared. We will make efforts to contribute in all possible manners in the implementation of this plan initiative of the Government.

I would like to highlight that India is home to around 380 million children below the age of eighteen years. Apparently, this is the largest child population of any single country in the world. This adds impetus to the fact that the status of children of India will have certain bearings on the children of the world. A lot has been done in the form of policies and programmes to protect the rights of children (India is a signatory of the Convention on the Rights of the Child). Central and State legislations are in place to achieve this. Yet, there are much more to attain. One area of utmost concern is the critical indicators of child malnutrition, IMR, mother and child health issues, which all need consistent and concerted attention for sustainable elimination.

The Consultation was inaugurated by Mrs. Jaskaur Meena, Minister of State for Human Resources Development. The Secretary, Department of Women and Child Development (DWCD), Dr. R.V.V.Ayyar, IAS, made the opening remarks. The technical coordination of the programmes was carried out by Ms Veena S. Rao, IAS, Joint Secretary, DWCD. Number of participants were about sixty. Copy of

the agenda is attached as appendix ‘A’. The background note on the consultation is attached as appendix ‘B’. The following documents were circulated:

1. India report presented at the UN General Assembly Special Session on Children in May, 2002
2. Report of the ad hoc Committee of the whole of the twenty-seventh special session of the General Assembly
3. Commitment to the Child - National Plan of Action, 1992
4. National Plan of Action on Children, 2003 (Draft)
5. National Plan of Action for India’s Children – Citizens’ Alternate Proposals – First draft of May 2003.

The day-long programme ended with the valedictory session in the evening.

NORTHERN REGIONAL CONSULTATION MEETING TO DISCUSS NATIONAL PLAN OF ACTION FOR CHILDREN 2003 ON 4TH JUNE, 2003

VENUE: HALL 'A', VIGYAN BHAWAN ANNEXEE, NEW DELHI.

AGENDA

9.00 am – 9.30 am	Registration
9.30 am – 9.35 am	Welcome by Joint Secretary
9.35 am – 9.45 am	Opening remarks by Secretary (WCD)
9.45 am – 9.50 am	Inauguration
9.50 am – 10.15 am	Presentation on the background of NPAC
10.15 am – 10.30 am	Address by MOS
10.30 am	Vote of Thanks
10.35 am – 11.00 am	Tea Break
11.00 am – 11.30 am	Orientation regarding objectives of the Consultation
11.30 am	Division of participants into four working groups-ECE, Health, Education and Spl. Protection Measures
11.30 am – 1.00 pm	Discussion among the groups on the draft NPAC
1.00 pm – 2.00 pm	Lunch Break
2.00 pm – 3.00 pm	Working group discussion continues
3.00 pm – 3.30 pm	Preparation of Working Group Recommendations
3.30 pm – 4.00 pm	Tea Break
4.00 pm – 5.00 pm	Presentation by the Working Groups (10 minutes presentation followed by 5 minutes discussion)
5.00 pm	Valedictory function

BACKGROUND NOTE

A World Summit on Children (WSC) was held at the UN in 1990 wherein, a Declaration on the Survival, Protection and Development of Children was and Plan of Action for its implementation was adopted unanimously by Member Countries. India reaffirmed its commitment to the cause of children by endorsing 27 survival and development goals laid down by the World Summit.

This was followed up by the formulation of the National Action Plan for Children (NPAC), 1992. The Action Plan set quantified goals for priority areas such as health, nutrition, education, safe drinking water, sanitation and environment with special consideration for children in difficult circumstances.

During the last decade, India has made steady progress towards some of the goals such as female literacy, access to safe drinking water, eradication of polio and food sufficiency, However, much remains to be done in other sector such as reduction of Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR) and Malnutrition.

The UN General Assembly Special Session on Children (UNGASS) was held in New York from 8 to 10 May, 2002 to review the situation of the Children and achievement of goals by year 2000.

The Indian delegation was led by Minister of Human Resource Development and comprised of Parliamentarian, NGOs and officials.

The UNGASS adopted a document "A World Fit for Children" (also known as Outcome Document) in which fresh quantitative and qualitative goals for children to be achieved by 2010, were agreed upon by consensus. They are categorized under four broad headings:

- Promoting Healthy Lives
- Providing Quality Education
- Protecting Against Abuse, Exploitation and Violence
- Combating HIV/AIDS

In order to achieve these goals, a National Plan of Action for Children is being formulated in keeping with national priorities and policies and the 10th Five Year Plan. This is also one of the 15 initiatives announced by the Honorable Prime Minister on August 15th 2002.

The Tenth Five-Year Plan has indicated certain targets for children to be achieved in the next five year (2002-07). Most of these targets complement those set in the UNGASS.

The targets set by the Tenth Five-Year Plan include:

- All children in school in 2003
- All children to complete 5 years of schooling by 2007
- Reduction of gender gaps in literacy by at least 50% by 2007
- Increase in literacy rate to 75% by 2007
- Infant mortality rate to be reduced to 45 per 1000 live births by 2007 and to 28 per 1000 live births by 2012
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- Reduction in maternal mortality rate to 200 per 100,000 live births by 2007 and to 100 per 100,000 live births by 2012
- Sustained access to potable drinking water to all villages by 2007.

The Department of Women and Child Development has initiated the process for the formulation of the National Plan of Action for Children, 2003. This Plan of Action will harmonize the goals for children set in the UN General Assembly Special Session on Children, targets set in the Tenth Five Year Plan, and goals for children set by the related Ministries/Departments. It will also take into account the commitments made under the Convention on the Rights of the Child.

The Department has held consultations with various child related Ministries/Departments/Experts and has drawn up the first draft National Plan of Action for Children. This preliminary draft National Plan of Action for Children has identified various priority areas such as Child Health, Maternal Health, Nutrition, Children with Disability, Water and Sanitation, Girl Child, Sexual Exploitation and Trafficking, Child Labour, Combating HIV/AIDS.

The draft has been circulated to Ministries/Departments/State Governments for their comments and inputs. Under the Chairmanship of the Secretary, Women and Child Development, a Working Group has been constituted for finalizing the Plan. At the first meeting of the Working Group, it was decided to form four Thematic Working Groups in the area of Early Childhood Care, Health, Education and Special Protection Measures. The Thematic Working Groups after deliberations have submitted their Reports.

The preliminary draft National Plan of Action for Children will be fine tuned and finalized after taking into consideration the recommendations of the Thematic Working Group Reports, feedback received from Ministries/Departments/State Governments/Experts and Institutions and recommendations of the Regional Consultations.

This is the first regional consultation being organized to discuss the draft National Plan of Action for Children, 2003.

India being a signatory to the UN “Convention on the Rights of the Child”, the Government has brought out its ‘First Periodic Report’. “This report presents all major initiatives that have been taken to ensure the rights of children”, says the Minister for Human Resource Development in his forward to the Report. The report has been prepared for submission to the UN Committee on the Rights of the Child in 2001.

There is separate section, corresponding with the relevant article in the convention dealing on health issues, which dwells in details on the subject. The sub-section on Micro-nutrient deficiency under which ‘iodine’ finds the first place is a matter of satisfaction for us. An extract is attached for your information.

Report of ICCIDD participation at the Women's Political Empowerment Day Celebrations organized by the Institute of Social Sciences - 23-24 April, 2003

Venue: Constitution Club, Rafi Marg, New Delhi

The Institute of Social Sciences (ISS) organized a two-day programme on 23rd and 24th April, 2003. This is an yearly event. This year's theme was "Ten Years of Panchayati Raj: Problems and Prospects" which was chosen as part of the Women's Political Empowerment Day Celebration. The delegates were elected women Panchayats representatives (including office holders like Presidents of Panchayats from all over the country.

This year's programme had an added significance. It was on 24th April, 1993 that the 73rd Amendment of the Constitution came into force. The Panchayati Raj Act under this Amendment gave vast powers to the Panchayats (the local, democratic, self-government bodies). The Passage of the Constitution 73rd Amendment marked a new era in the federal democratic set up of the country and provides constitutional status to the Panchayati Raj Institutions (Local Self-Government Bodies).

Institute of Social Sciences is a professionally managed non-governmental orgnisaition with national level activities that promote the system of governance of 'panchayati raj' at the national level through various activities. Education and empowerment of people at the base level is a major activity of the organization. It has a specialized organizational set up with good understanding of the ground-level realities. Thus, their reach is direct to the people.

ICCIDD were invited to participate in the two-day programmes. Our participation was focused on the following

1. exhibiting materials and publications related to IDDE programmes
2. demonstration of salt testing for iodine content
3. screening video documentary "Trishna" on the 24th afternoon. (This is a documentary in Hindi, the national language, on the problems of iodine deficiency disorders and programmes for its elimination).
4. interactive session with the delegates and officials
5. first aid with a team of doctor and para-medics in attendance

During the interactive session after screening the documentary, ICCIDD highlighted the various socio – economic problems arising out of nutritional deficiency due to IDD and how to prevent them. The effect of IDD on the vegetation, the livestock and humans were explained. We also used the opportunity to highlight as to how salt is tested in our laboratory for the iodine content at the production level and the consumer level. This had good "IEC" effect.

People belonging to various NGOs and Voluntary Organisations came forward to our stalls and gave us their contact details and showed interest in the subjects related to IDD. They were keen to have our support that would help them in educating the people at the local level about the subject and how it could be prevented. The gist of the message was **"nominal cost – innumerable benefits"** .

On the second day, the ICCIDD team screened the documentary film “Trishna”. This evinced a lot of queries and questions from the audience. The audience mostly comprised of people from the rural areas who were not much aware of implications of IDD, except that some were aware of goitre. It was an interesting session at the end of which people made a commitment to have iodised salt.

Being a grassroots level political forum, the typical style of debates and declarations were evident.

This is our second year of partnership with grassroots organisation spread all over the country.

The occasion was also used proactively for developing line leadership of ICCIDD personnel, who can contribute actively by taking up events and work for sustainable elimination of IDD.

International Volunteer's Day 2003 – A Report

Gandhi Smriti and Darshan Samiti (GSDS) in association with the United Nations Volunteers (UNV) organized a 'V need U' carnival on the occasion of International Volunteers Day 2003, i.e. Saturday, the 13th December 2003at the National Memorial of Mahatma Gandhi at 5, Tees January Marg in New Delhi. Gandhi Smriti also known as the National Memorial of Mahatma Gandhi is the place where Mahatma Gandhi was assassinated (30th January 1950). Visitors from allover the country and world throng this place daily.

The main objective of the carnival was to mobilize the youth to take to voluntary action on various social issues. The carnival also witnessed interaction with the youth from different schools and colleges on the theme "Youth Against Violence on Women".

ICCIDD was specially invited to put up a exhibition to highlight various aspects of IDD and progress achieved in its elimination, especially in the South Asia regional countries. It afforded ICCIDD the opportunity to demonstrate the use of salt testing kit for iodine content at the production level as well as the consumer level. Various Books, Publications, and Newsletters were displayed. Visitors belonging to various NGO's and VO's came over to our stalls and gave us their contact details and showed interest in the subjects related to IDD.

On the occasion, a panel discussion on "Contemporary Issues in Volunteering" highlighting the role of volunteers in the development process was also organized. Gerard Lemos, Deputy Chair, British Council, U.K; H.S.Kingra, Director, Youth Affairs, Ministry of Youth Affairs and Sports, Leif Packalen, World Comics and Jerry Almeida, CEO, ActionAid Participated in the discussion which was chaired by the journalist, Rahul Dev.

As a part of the carnival, about 20 groups from colleges and other educational institutions participated in the 'Festival of Street Theatre on Social Problems'. These included students of Delhi Public School, Deepalaya (*we had some collaboration with Deepalaya*), KiroriMal College, Gargi College, Butterflies and Chetna – Badte Kadam. The carnival also exhibited comics from artists from World – Comics India and World – Comics Finland Focusing on different social issues like Gender Equality, Alcoholism, Education and Health. Students from College of Arts and painters from other institutions also participated in the carnival on " Volunteerism – The Open Canvas".

Another highlight of the Carnival was the Exhibition, in which various organisations were brought together in need of volunteers and people who would like to become volunteers. About 30 organisations including ICCIDD, VSO, Team Dipti, Butterflies, and The Nehru Yuva Kendra Sanghathan and Various other partner Organisations of the United Nations Volunteers showcased their work at the carnival.

A Note on Reduction in the Freight Rate of Non-refined Edible Salt by Indian Railways

The Union Railway Minister Mr. Nitish Kumar, while replying to demand for grants for Ministry of Railways for the year 2003-04, has announced a major concession, i.e. reduction of freight charges for non-refined edible salt. The decrease will be in the range of 10% to 25% depending on the distance.

In the Railway Budget for the previous year, i.e. 2002-2003, there was an increase in the freight charges of certain commodities, including those falling in the essential categories including Edible Salt. This happened by default due to reduction in the number of freight classes in the Railways - from 59 to 32, with an additional yield of INR 4500 million, equivalent of about US$ 90 million to the Railways The Minister at that time stated that the increase will be minimal for edible salt, i.e. price would be increased by a rupee per month for a family of four. (*We do not know exactly the actual effect it had on the consumer*.) Another point - for a poor family a rupee a month does matter. Then, there is the psychological impact of price increase, irrespective of the amount.

Therefore, the decrease of freight charges in the current year's budget is a welcome step.

In India majority of rural population and poorer sections of society prefers non-refined edible salt. The main reason for this is an age old habit coupled with the price factor. The main mode of transportation of salt in the country is by rail. Iodized salt has second level of priority for the Indian railways (Category B), i.e. after Defence. The reduction in the freight rate by the railways is expected to lower the overall price of non-refined edible salt. As a result the consumer will be benefited. The higher demand of this variety of salt may force in price reduction of other varieties of salt including branded salt.

The general belief that iodized salt is expensive is diminishing. There may be increased influence in the consumer decision making for iodized salt, especially by the poor and rural consumers. Thus a boost to the USI programme is possible.

One of the thrust areas for us in India (The ICCIDD) had been pressing for reduction of railway freight charges of iodized salt for household consumption. Towards this discussions and dialogues have been going on at various levels. The salt industry and their apex associations have been looking up to ICCIDD to take up this issue at the governmental level. Last year we have interacted closely with the Minister of State for Railways, Mr. Digvijay Singh, (before he was moved to the External Affairs). He was expected to be the chief guest in our sensitization workshop held on the 16th March 2002, but for a sudden change in his programme. Copy of our letter dated 8th March, 2002 is enclosed for reference. Again this year ICCIDD has taken up the issue for a special freight rate for transportation of iodized salt about fortnight before the presentation of Union Railway Budget. Copy of letter dated 10th February, 2003, (sent instantly by fax) is enclosed.

In addition to direct interactions at Ministerial level, ICCIDD have also been in dialogue with People's Representatives at various levels including Members of Parliament for promotion of consumption of iodized salt for prevention of IDD. One of the points that we always highlighted was the lower freight rate of iodized salt that can help more poor and rural populace in purchasing this essential commodity.

We believe our continued and concerted efforts contributed as one of the inputs to this major concession by the Indian Railway Ministry.

Note: Indian Railways has a history of 150 years. It carries 13 million people and one million tonne freight across the country everyday. It has 63000 route kilometers and 7000 stations.

A Note on the Proposed National Commission for Children

The Union Minister of Human Resources Development has announced the establishment of National Commission for Children. The bill proposed to be introduced in the forthcoming session of the Parliament is stated to encompass various aspects of children's rights. The proposed Commission will have judicial powers with authority to take suo-motu notice of violations child's rights. The formation of the Commission will be followed by a Charter of Children's Rights.

It will be our effort to include in the proposed Charter the rights of a child to micronutrients and protection from iodine deficiency disorders in order to attain full intellectual and physical developments.

1st May 2003

Ms Veena Rao, IAS
Joint Secretary
Department of Women & Child Development
Ministry of HRD
Shastri Bhawan
New Delhi – 110 001

Subject: Proposed National Commission for Children

Dear Madam,

We are quite happy to learn that the Department of Women and Child Development will introduce a bill in the monsoon session of Parliament for establishing the National Commission for Children. No doubt, the proposed Commission and the ensuing Charter of Children's Rights will go a long way in providing support and opportunity to the children of our country, especially those from the underprivileged and deprived sections.

A person of your understanding and interest in the welfare of the children, you will surely contribute extensively to this great cause. In case we can be of assistance in areas like rights to micronutrients and, in particular, protection from iodine deficiency disorders in order to enable the children in attaining the full intellectual and physical developments, kindly advise us.

Yours sincerely,

Best regards,

Dr. Chandrakant S. Pandav

6th May, 2003

Mr. Som Pal
Member
Planning Commission
Yojana Bhawan
New Delhi – 110 001

Subject: Sustainable Elimination of Iodine Deficiency Disorders

Dear Sir,

Iodine Deficiency as a cause of loss in livestock production was well known to an earlier generation of scientists and agriculturists. Reduced fertility, abortions and still births, with defective growth are the avoidable consequences of subnormal thyroid hormone levels in cattle, sheep, pigs and chickens. Reduced milk production and fish production are the other known features of iodine deficiency.

Effect of Iodine Deficiency Disorders on Livestock and Agriculture

Iodine deficiency disorders in animals are yet to receive the same attention as that of human beings. This may be due to belief that the health of animals does not affect us directly. This view is changing rapidly and the people started realizing the importance of health of livestock on our health.

Over 20 per cent of the income from the agricultural sector is created by livestock. More than 70 per cent of rural households depend on animals either for subsistence or supplementing the family income. By reducing the incidence of Iodine Deficiency Disorders (IDD) in animals, the animals can improve their health and thereby productivity. This improves the quality of health and well being of human beings as well. Increase in livestock productivity will definitely occur with the correction of iodine deficiency thus providing an increase in the economic return.

Effect of Iodine Deficiency Disorders on Human beings

Spectrum of disorders caused by Iodine Deficiency are, mainly, Enlargement of the thyroid gland – Goiter, Cretinism, Psycho-motor incordination, Stunting, Speech and learning defects, Abortions and still births, Impaired development of the brain and central nervous system in early fetal life, and importantly hampering of learning abilities, leading to loss of upto 13 IQ points in humans. The cumulative effect of all these impedes the development of a people to their fullest potential and, thus, the national growth. The major thrust is the preventive measures as the aforesaid changes once occurred in the human system are irreversible.

Thus, iodine deficiency disorders (IDD) is a problem with multipronged effect on humans, livestock and agricultural sector. The cumulative effect of these adversely affects the national development.

All India Institute of Medical Sciences (AIIMS) and Indian Coalition for Control of Iodine Deficiency Disorders (ICCIDD) situated at AIIMS has played pioneering and

pivotal in the programme of sustainable elimination of iodine deficiency disorders. The legacy of the group dates back to mid-fifties having directly associated with the legendary late Dr. V. Ramalingaswami, first National Research Professor and former Director General of Indian Council of Medical Research and Director of All India Institute of Medical Sciences, who pioneered IDD elimination programmes starting from Kangra Valley (Himachal Pradesh) in the fifties.

We offer to contribute to the programmes of the Commission in this area of development and national growth.

Yours sincerely,

Dr. Chandrakant S. Pandav
Additional Professor – Centre for Community Medicine
Secretary - ICCIDD

National Iodine Deficiency Disorders Control Programme

Central Technical Coordination Committee, New Delhi

I] Terms of Reference:

1. To serve as a Technical Resource Group to National Iodine Deficiency Disorders Control Programme
2. To coordinate activities as per the guidelines of NIDDCP
3. To establish contact with State Governments/ District Officials
4. To facilitate field activities
5. To conduct training of trainers(ToT) Programmes: Technical and Operational Issues
6. To provide External Quality Assurance both at Field / Laboratory Level
7. To compile & edit reports on IDD
8. To document reports and publications from time to time
9. To organize regular dissemination workshops
10. To provide any other assistance required to fulfill the objectives of the NIDDCP

II] List of Members :

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Regional Consultation on draft National Plan of Action for Children-2003 – 4th June, 2003

At the UN General Assembly Special Session on Children (UNGASS), held in May 2002, member countries agreed to certain goals for children's survival, health, education and protection to be achieved for the current decade. In the wake of this, Department of Women & Child Development (DWCD) under Ministry of Human Resources Development Government of India is contemplating a **National Plan of Action for Children** which will be in tune with the national priorities and policies and the Tenth Five Year Plan. Towards this, the Department has been holding series of consultations with various Ministries & Departments, Experts and NGOs. As an outcome of this, a preliminary draft National Plan of Action for Children-2003 has been prepared. This would be finalized in consultation with various stakeholders like voluntary sector, experts and research institutions.

As part of this consultation, a one-day regional consultation was organized on the 4th June, 2003, at the Vigyan Bhawan, New Delhi. The undersigned was invited to participate. One of the objectives under the topic 'Nutrition' is, ***"Achieve sustainable elimination of iodine deficiency disorders by 2005 [UN 37(22)]."*** The recommended strategy to achieve this is ***"To supply iodated salt in place of Common Salt".***

In terms of our contribution to the proposed plan, I have reassured the continuing collaboration and support on IDDE programmes, which is already in place on an ongoing basis. It was reiterated that this is one of the public health issues which has far reaching implications on the growth and development of a nation. The children are the most vulnerable group in this. It was further emphasized that this important programme is both attainable and results quantifiable. The existing and tested systems and mechanisms for its effective implementation and achieving goals were also shared. We will make efforts to contribute in all possible manners in the implementation of this plan initiative of the Government.

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The consultation was inaugurated by the Minister of State for Human Resources Development and The Secretary, Department of Women and Child Development (DWCD), Dr. R.V.V.Ayyar, IAS, made the opening remarks. The technical coordination of the programmes was carried out by Ms Veena S. Rao, IAS, Joint Secretary, DWCD. Number of participants were about sixty. Copy of the agenda

is attached as appendix ‘A’. The background note of the consultancy is attached as appendix ‘B’.

The following documents were circulated:

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7. Report of the Ad hoc Committee of the whole of the twenty-seventh special session of the General Assembly
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The day-long programme ended with the valedictory session in the evening.

Convention on the Rights of the Child

Extract from "India – First Periodic Report"

Micro-nutrient deficiency

Iodine

66. Iodine is an important micro-nutrient. Lack of iodine in the diet can lead to iodine deficiency disorders (IDD), which according to the World Health Organisation (WHO) can cause miscarriages, brain disorders, cretinism, and retarded psycho-motor development. Iodine deficiency is the single most important and preventable cause of mental retardation worldwide. It has been estimated that 200 million people in India are exposed to the risk of iodine deficiency and 70 million suffer from goitre and other IDDs (IDD and Nutrition Cell, 1998). In addition, about one-fifth of pregnant women are at considerable risk of giving birth to children who will not reach their optimum physical and mental potential because of material iodine deficiency (Vir, 1995).

67. Iodine deficiency can be avoided by using salt that has been fortified with iodine. In 1983-84, the GOI adopted a policy to achieve universal iodisation of edible salt by 1992 and advised all States and UTs to issue notification banning the sale of edible salt that was not iodised. All but one State issues a full or partial ban. A national ban was instituted in 1997, but was lifted in September 2000.

68. Despite Government regulations in effect at the time of NFHS-II, only 49 per cent of households used cooking salt that was iodised at the recommended level of 15 ppm or more. Differentials in usage of iodised salt by background characteristics were pronounced. Seventy-seven per cent of households in large cities use salt with 15 ppm more of iodine, compared with 67-68 percent of households in small cities and towns, and only 42 per cent of households in rural areas. The use of iodised salt is relatively low in households headed by persons from Scheduled Castes (41.8 per cent), Scheduled Tribes (43.3 per cent), or Other Backward Classes (42.4 per cent). The widest differentials are observed for the standard of living index. Seventy-eight per cent of households with a high standard of living use adequately iodised salt compared with only 35 per cent of households with a low standard of living.

69. The use of iodised salt varies dramatically from one State to another, being lowest in the two States (Tamil Nadu and Rajasthan) that produced salt. (See table 6.10). The variations are due to the number of factors, including the scale of salt production, transportation requirements, enforcement efforts, the pricing structure, and storage patterns. In particular, salt iodisation is likely to be more common in States where salt is transported exclusively by railways, at least partly because the Salt Department monitors the iodine content of salt shipped byralways.[21]

21. India, National Family Health Survey (NFHS-II), 1998-99, International Institute for Population Sciences, Mumbai, India, pp. 263-270.

Copy of ICCIDD letter to Mr. Nitish Kumar, Minister for Railways

10th February, 2003

Shri Nitish Kumar
Hon'ble Minister of Railways
Rail Bhawan
New Delhi – 110 001

Subject: Universal Salt Iodisation Porgramme for Sustainable Elimination of Iodine Deficiency Disorders

Sir,

Iodine deficiency exists in mild to severe degree in different parts of our country. The goiter is the most common and visible manifestation of iodine deficiency. However, the most important aspect of iodine deficiency is the impaired development of brain and central nervous system in early foetal life leading to irreversible learning abilities. These learning disabilities can occur even in mild iodine deficiency during early development period.

All these can be easily avoidable by intake of adequate amount of iodine daily. It is now well-established that salt is the best vehicle of iodine as salt is consumed by all – old or young, poor or rich, rural or urban – in fixed amount daily. With this in view, National Goitre Control Programme was started in 1962, during the second five year plan period, by the Government of India as a result of the community based field studies pioneered in the endemic area of Kangra Valley, Himachal Pradesh by late Prof. V. Ramalingaswami. This programme was later renamed, in 1992, as National Iodine Deficiency Disorders Control Programme (NIDDCP).

It is gratifying that the Indian Railways has accorded a higher level of priority for movement of iodised salt by rail. However, recently freight charges have been increased on iodised salt. Therefore, concern has been expressed that the high freight charges, thereby increasing the cost of the iodised salt at retail level, are impinging the progress of the programme for Iodine Deficiency Disorders Elimination (IDDE).

Considering the higher stakes involved in such an important programme of national importance, which has serious ramifications on the future generations of our nation in terms of development and growth, we appeal that a special freight rate may kindly be introduced for movement of iodised salt by rail so that the cheapest and easily available medium for iodine, i.e. iodised salt, can be obtained by all sections of our society at an affordable price. Such a revolutionary step will add to the government's efforts which is collaborated jointly by the socio-scientific community of the nation.

Thanking you,

Yours sincerely,

Prof. M.G.Karmarkar
President – ICCIDD and
Former Professor and Head of Department
Laboratory Medicine, AIIMS

Dr. Chandrakant S. Pandav
Secretary - ICCIDD and
Additional Professor
Centre for Community Medicine, AIIMS

Tamil Nadu Bihar Collaboration for marketing of iodised salt

7th February, 2003

Dr. V.Varaprasada Rao, I.A.S
Managing Director
Tamil Nadu Salt Corporation Limited
L.L.A. Buildings, IV Floor
735, Anna Salai
Chennai – 600 002

Subject: Marketing of Iodised Salt for Cattle Feed Products

Dear Dr. Rao,

During a meeting with the Managing Director of Bihar State Co-operative Milk Producers' Federation Ltd. today at our Office, we discussed the following two points:

1. The Corporation marketing your brand(s) of iodised salt in Bihar through their network
2. Adding iodised salt / potassium iodate to the cattle feed being produced by them at manufacturing stage.

ICCIDD is interested in this programme because of its mission of and commitment towards sustainable elimination of iodine deficiency disorders in India and offer to coordinate in terms of supporting the quality assurance programme and other related nuances.

We would, therefore, request you to kindly supply more details in this regard. Subsequently we can hold a tripartite meeting.

With best regards,

Dr. Chandrakant S. Pandav

Note : We are in receipt of your letter D.O. No. 7768/MI/2002 dated 24th January, 2003. Thanks for the same.

Cc: Dr. D.S.Gangwar, I.A.S
Managing Director
Bihar State Co-operative Milk Producers' Federation Ltd.
Dairy Complex P.O.
B.V. College, Patna – 800 014

28th April, 2003

Subject: Iodine Deficiency in Livestock and its effect in Socio-economic Development of the Nation

Dear

Iodine Deficiency as a cause of loss in livestock production was well known to an earlier generation of scientists and agriculturists. Reduced fertility, abortions and still births, with defective growth are the avoidable consequences of subnormal thyroid hormone levels in cattle, sheep, pigs and chickens. Reduced milk production and fish production are the other known features of iodine deficiency.

Iodine deficiency disorders in animals are yet to receive the same attention as that of human beings. This may be due to belief that the health of animals does not affect us directly. This view is changing rapidly and the people started realizing the importance of health of livestock on our health.

Over 20 per cent of the income from the agricultural sector is created by livestock. More than 70 per cent of rural households depend on animals either for subsistence or supplementing the family income. By reducing the incidence of IDD in animals, the animals can improve their health and thereby productivity. This improves the quality of health and well being of human beings as well. Increase in livestock productivity will definitely occur with the correction of iodine deficiency thus providing an increase in the economic return.

Indian Coalition for Control of Iodine Deficiency Disorders (ICCIDD) is the National Chapter of the international apex body of International Council for Control of Iodine Deficiency Disorders, established in 1985, with headquarters in Ottawa, Canada. This is a multidisciplinary network of professionals.

ICCIDD is fully committed and dedicated to sustainable elimination of all forms of iodine deficiency disorders from the world. The major thrust is the preventive measures as the aforesaid changes once occurred in the human system are irreversible.

Spectrum of disorders caused by Iodine Deficiency are, mainly, Enlargement of the thyroid gland – Goiter**,** Cretinism, Psycho-motor incordination, Stunting, Speech and learning defects, Abortions and still births, Impaired development of the brain and central nervous system in early fetal life, and importantly hampering of learning abilities, leading to loss of upto 13 IQ points. The cumulative effect of all these impedes the development of a people to their fullest potential and, thus, the national growth.

Our group would like to ***participate in the events like workshops and conferences, wherein we can make presentations and disseminate information on iodine deficiency disorders and preventive measures and its impact of national economy and people's well-being,*** to professionals in the field livestock and animal husbandry and

other stakeholders. We shall, therefore, be grateful if you could kindly inform of us such events being organized by your *Association, Members* and affiliates where our team of experts can interact with the participants.

Looking forward to having a fruitful association,

Yours sincerely,

Dr. Chandrakant S. Pandav
Secretary – ICCIDD and
Additional Professor
Centre for Community Medicine
All India Institute of Medical Sciences

Note: 1. A copy of our publication **"Facts for Life"** is enclosed.
2. Kindly return the attached sheet duly filled-in for our communication update.

1 Dr. D.S.Gangwar, I.A.S Managing Director Bihar State Co-operative Milk Producers' Federation Ltd. Dairy Complex P.O. B.V. College, Patna – 800 014	2 Secretary Department of Animal Husbandry & Dairying Ministry of Agriculture, Govt. of India. Krishi Bhavan, Dr. Rajendra Prasad Road New Delhi - 110 001
3 Animal Husbandry Commissioner Department of Animal Husbandry & Dairying Ministry of Agriculture, Govt. of India. Krishi Bhavan, Dr. Rajendra Prasad Road New Delhi - 110 001	4 Director Directorate of Animal Husbandry & Vet. Services Nirjuli, Via Naharlagun - 791 110 Arunachal Pradesh
5 Director Directorate of Animal Husbandry & Vet. Services New Secretariat, Patna - 800 015, Bihar	6 Director Directorate of Animal Husbandry & Vet. Services Govt. of NCT of Delhi, Room No. 101, Old Secretariat, Delhi – 110 054
7 Director Directorate of Animal Husbandry & Vet. Services Krishi Bhavan, Paldi, Ellisbridge, AHMEDABAD -380 006 **Gujarat**	8 Directorate Directorate of Animal Husbandry & Vet. Services Govt. of Haryana, SCO No. 80-81, Sector 17 C, Madhya Marg, Chandigarh - 160 017
9 Director Directorate of Animal Husbandry & Vet. Services Khalini Shimla-171 002 Himachal Pradesh	10 Director Directorate of Animal Husbandry & Vet. Services Old Secretariat JAMMU – 180 001
15 Director Directorate of Vet. Services and Animal Husbandry, P.O. Sanjenthong, IMPHAL-795 001 **Manipur**	16 Director Directorate of Animal Husbandry & Vet. Services Umroi Road, BARAPANI-793 103 **Meghalaya**

17 Director Directorate of Animal Husbandry & Vet. Services Kohima - 797 001, Nagaland	18 Director Directorate of Animal Husbandry & Vet. Services At PO-Mangalabag, Cuttack - 753 001 Orissa
19 Director Directorate of Animal Husbandry & Vet. Services Government of Punjab Chandigarh	20 Director Department of Animal Husbandry & Vet. Services Pasudhan Bhavan, Tonk Road JAIPUR – 302 015 Rajasthan
21 Director Animal Husbandry and Veterinary Services, Tadong, Gangtok - 737 102 Sikkim	22 Director Animal Husbandry and Veterinary Services, Gokaran Nath Road, Badshahbagh, Lucknow - 226 007 Uttar Pradesh
23 Director Directorate of Animal Resources & Animal Health New Secretariat Building (3rd Floor), 1, KS Roy Road, Kolkota-700 001 West Bengal	24 Vice Chancellor Tamil Nadu Veterinary and Animal Sciences University Madhavaram Milk Colony Post, Chennai -600 051 Tamil Nadu
25 Vice Chancellor West Bengal University of Animal and Fishery Sciences Address 68 & 37, Sarani, Kolkata - 700 037 West Bengal	26 Maharashtra Animal & Fishery Sciences University Seminary Hills, Nagpur 440 006 **Maharashtra**

27 Director Indian Veterinary Research Institute Izatnagar - 243122, Bareily Uttar Pradesh	28 Director National Dairy Research Institute Karnal 132 001 Haryana
29 Director Central Institute for Fisheries Education Varsova, Mumbai - 400 061 Maharashtra	30 Joint Director, Indian Veterinary Research Institute, Mukteshwar, Kumaon, Uttaranchal
31 Joint Director Indian Veterinary Research Institute Hebbal Bangalore - 560 024 Karnataka	32 Principal Scientist and Incharge Indian Veterinary Research Institute 37, Belgachia Road Kolkata - 700 037 West Bengal
33 National Dairy Research Institute (NDRI) Karnal National Dairy Research Institute (NDRI) Karnal – 132001 Haryana	34 Hissar Central Institute for Research on Buffaloes (CIRB) Sirsa Road Hissar – 125001 Haryana
35 Director National Institute of Animal Nutrition & Physiology (NIANP) Adugodi, Bangalore – 560030 Karnataka	36 Director National Research Centre for Meat & Meat Products (NRCMMP) Saidabad, CRIDA Campus Hyderabad - 500059 Andhra Pradesh
37 Dean College of Veterinary Science ANGRAU Tirupati 517 502 Andhra Pradesh	38 Dean Faculty of Veterinary Sciences Assam Agricultural University Khanapara Guwahati 781 022, Assam
39 Dean College of Veterinary Sciences GAU Anand 388 001 Gujarat	40 Dean College of Veterinary & Animal Sciences Pookode Wynad District Kerala

41 Dean, Bombay Veterinary College, Parel, Mumbai 400 012	42 Dean Madras Veterinary College TANUVASU, Vepery Chennai 600 007 Tamil Nadu
43 Dr. P. K. Kulshrestha Secretary General The Indian Veterinary Association Flat No. 47, APMC Group Housing Society, Plot No. 4, Sector 13, Rohini, New Delhi-110 085, INDIA	44 Dr. S. V. S. Verma General Secretary Indian Poultry Science Association 18, Shiv Nagar, IVRI Road, Izatnagar, Bareilly - 243 122, UP,
45 Dr. A. G. Poharkar Secretary National Association for Welfare of Animals and Research (NAWAR) C/o Shri Lanje, Pragati Colony, Sakoli Bhandara District – 441802 Maharashtra	46 Dr. S. Bhaskar Rao General Secretary Veterinary Public Health Association 313, Maheshwari Complex, Masab Tank, Hyderabad - 500 028 Andhra Pradesh

National Workshop on
Iodine requirement and Problems in Human and Dairy Animals

Organised by: Alumni Association, National Dairy Research Institute, Karnal (NDRI)

Date: 22nd August, 2003

Venue : NDRI, Karnal

A report

ICCIDD has taken initiative to start a dialogue with groups in the field of Livestock and Animal Husbandry in order to expand the spectrum of our activities for sustainable elimination of iodine deficiency disorders. We have written to about fifty Universities, Institutions, and Organizations in April, 2003 stating our intent for forging a collaboration. The response received was encouraging. In addition to individual institutional responses, the Deputy Commissioner of Livestock Health in the Ministry of Agriculture, Government of India, has forwarded our communication to all Institutions and organisations under the Ministry with instructions for appropriate action.

However, the one that drew instant reaction was from the Director of the premier institute, the National Dairy Research Institute, situated at Karnal in the State of Haryana. Dr. Nagendra Sharma, an illustrious livestock scientist has immediately forwarded our request to the Alumni Association of the Institute of organize a National Workshop with the captioned theme with our collaboration. The Alumni Association was quick to react and organized the National Workshop entitled "Iodine requirement and Problems in Human and Dairy Animals" at the Institute on the 22nd August, 2003. There were over one hundred delegates at the workshops, mostly from the field of dairy sciences with various specializations.

ICCIDD were invited to make presentations at this event. ICCIDD team of Dr. Chandrakant S. Pandav, Dr. Denish Moorthy, and Mr. Peter Parekattil participated in the workshop. The following four papers were presented:

- **Status of Iodine deficiency disorders (IDD) in the South East Asia Region and Efforts at IDD Control in the Region - Moorthy D, Karmarkar MG, Parekattil P , Pandav CS**
- **Status of Iodine deficiency disorders (IDD) in India and Efforts at IDD Control in India -**
- Moorthy D, Karmarkar MG, Parekattil P , Pandav CS
- **Global Status of Iodine deficiency disorders (IDD) and Efforts at IDD Control in the World - Moorthy D, Karmarkar MG, Parekattil P , Pandav CS**
- **Partnership: Key to Sustainability in elimination of Iodine Deficiency – Experience of ICCIDD with Bharat Scouts and Guides - Parekattil P, Moorthy D, Pandav CS , Karmarkar MG**

The discussions that followed each presentation were lively. We had the opportunity to clear many a doubts and provide clarifications to the participants leading to general support and emerging new partnership to our programme. Also, patronage of eminent Dairy Scientists, e.g. Dr.V.D. Mudgal, Dr. Daya Singh Delan, Dr. Nagendra Sharma was noticeable.

It is heartening to note that the centre stage at the Workshop was given to ICCIDD in terms of presentations and holding Chair at the sessions.

This opening has also given us opportunity to interact with a larger group on an ongoing basis.

Dr. Mahendra Singh, In Charge of Cattle Yard is the Secretary of the Alumni Association and Organizing Secretary of the event and played a crucial role in coordinating our active participation.

Status of Iodine deficiency disorders (IDD) in the South East Asia Region and Efforts at IDD Control in the Region

Moorthy D[1], Karmarkar MG[1], Parekattil P [1], Pandav CS[1,2] *ICCIDD, India Institute of Medical Sciences, New Delhi, 110029, India*[1]*, Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi, 110029, India* [2]

Iodine Deficiency Disorders (IDD) has been a major public health problem in all the 10 countries in the WHO - South East Asia Region (WHO-SEAR). It is estimated that a total of 172 million people from this region alone are affected by IDD, thereby constituting the highest number of population from a single WHO region.

Among the countries, Universal Salt Iodization (USI) is the strategy for IDD elimination in all the countries. In addition, Indonesia, Myanmar, and Nepal are using iodized oil capsules for IDD control in areas of high endemicity. Timor Leste, which has recently formed as a sovereign country after civil strife is attempting to implement a salt iodisation program. Though the availability of iodised salt at the household level in this region ranges from 8% to 82% in this region, it is to be noted that 70% of households (average) consume adequately iodised salt. Universal Salt Iodisation (USI) legislation is also in place in 6 countries in this region. Salt monitoring for iodine content is done in 8 countries on a regular basis, while 7 countries monitor urinary iodine status. With one-sixth of the world population residing in this region, all these are laudable achievements.

Efforts are in place to increase the availability of adequately iodised salt at the household level, and most importantly to sustain the coverage over 90% and to introduce a system of cyclic monitoring of IDD indicators. History teaches us that the sustained elimination of IDD requires constant vigilance of a range of professional and public interests. It is particularly important to understand this as we have crossed that target of universal iodisation of edible salt by the end of 1995, too many of us may diminish our efforts when we reach the plateau. The long climb to eliminate the stealthy scourge of IDD from the globe begins with the achievement of universal iodisation of salt.

Status of Iodine deficiency disorders (IDD) in India and Efforts at IDD Control in India

Moorthy D[1], Karmarkar MG[1], Parekattil P [1], Pandav CS[1,2] *ICCIDD, India Institute of Medical Sciences, New Delhi, 110029, India*[1], *Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi, 110029, India* [2]

Iodine Deficiency Disorders (IDD) is a "disease of the soil". The absence of this important micronutrient in the soil causes a deficiency in plants and livestock, which presents as a deficiency in human beings. The importance of IDD elimination as a public health problem in India began in 1956 with a pioneering effort by Professor Ramalingaswami and his team from the All India Institute of Medical Sciences (AIIMS) and Indian Council of Medical Research (ICMR). The team instituted a field trial to test the effectiveness of iodine-fortified salt in the reduction of goitre prevalence. It was concluded from this study that adequately iodised salt on a regular and continuous basis reduces goitre prevalence. On the basis of this study, the Government of India launched the National Goitre Control Programme (NGCP) in 1962.

From 1962 to 1984, the program was functioning on a low priority, with the strategy of salt iodisation being a district level assessment and intervention. In 1984, with political support and commitment, and increasing evidence of IDD as a major cause of brain damage, the strategy of Universal Salt Iodization was adopted. The National Goitre Control Programme was renamed as the National Iodine Deficiency Disorders Control Programme (NIDDCP) in 1992.

Surveys conducted over the past 40 years have shown the presence of IDD as a public health problem in all the states and union territories of the country. The National Family Health Survey –2, carried out in 1998-1999, measured the consumption of iodised salt at the household level. The salt at the household level was tested with the use of the rapid Salt Testing Kits (STK). The results showed that 49% of the households in the country were using adequately iodised salt (iodine content $\geq$ 15 parts per million (ppm)), and 28% of the households were found to be using non-iodised salt. At present, India has attained self-sufficiency in common and iodised salt production.

IDD is an ecological problem, a disease of the soil causing a nutritional imbalance in human beings. Technical support by a body of scientists and professionals is the core effort and substantial inputs from professionals in other fields like veterinary sciences, sociology, qualitative research methodology, anthropology and communication for behaviour change is essential. The solution lies in understanding the social scenario and the community's perception of the problem.

Global Status of Iodine deficiency disorders (IDD) and Efforts at IDD Control in the World

Moorthy D[1], Karmarkar MG[1], Parekattil P [1], Pandav CS[1,2] *ICCIDD, India Institute of Medical Sciences, New Delhi, 110029, India*[1]*, Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi, 110029, India* [2]

\Iodine Deficiency Disorders (IDD) constitutes an enormous burden to humans and livestock all over the world. Iodine deficiency in the mother from the second week of gestation to the third month of foetal life can result in impaired development of the brain and consequently impaired mental and physical development.

The most commonly applied strategy for elimination of IDD is universal salt iodisation – the addition of suitable amounts of potassium iodate to all salt for human and livestock consumption. The sustainable elimination of IDD requires that median urinary iodine levels in the target population are at least 100 µg/L ; at least 90% of households are using salt with at iodine content of 15 ppm or more; there is evidence of sustainability as judged by the attainment of at least eight out of ten specified programmatic indicators. There are indicators to track progress of IDD elimination and ensure that adequate amounts of iodine are reaching the target population.

These indicators refer to both the salt iodisation process and its impact.

In 1999, WHO estimated that of its 191 Member States, 130 had a significant IDD problem, with a total of 740 million people affected by goitre – or 13 percent of the world's total population. Of the 130 countries with IDD, 98 (75%) now have legislation on salt iodisation in place, and a further 12 have it in draft form. The iodine content of salt is the indicator of the salt iodisation process. 68% of households have access to iodised salt. The principal indicator of impact is median urinary iodine concentration. Based on urinary iodine concentration, iodine nutrition is optimal in 65.1 % of school-aged children.

Ensuring a normal daily intake of iodine to maintain normal brain function is as important as the provision of clean water. There is adequate knowledge and expertise to ensure the sustained elimination of IDD from the entire world. Thus, an ancient scourge of mankind can be eliminated with the application of existing technology. The achievement of the sustained elimination of IDD will constitute one of the major public health triumphs of our time.

"Partnership: Key to Sustainability in elimination of Iodine Deficiency – Experience of ICCIDD with Bharat Scouts and Guides"

Parekattil P[1], Moorthy D [1], Pandav CS [1,2], Karmarkar MG[1], *ICCIDD, All India Institute of Medical Sciences, New Delhi, 110029, India[1], Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi, 110029, India[2]*

Introduction: The Scouts and Guides movement was born in 1907, introduced to the world by Colonel Robert Smyth Stevenson Baden Powell, an Officer of the British Army in India. The Indian wing is known as Bharat Scouts and Guides (BSG), which is a joint organization of the Scouts and Guides. The avowed purpose of the movement is to contribute to the development of young people in achieving their full **physical, intellectual,** social and spiritual potential as individuals, as responsible citizens and as members of the local, national and international communities. Indian Coalition for Control of Iodine Deficiency Disorders (ICCIDD) has entered into dialogue with BSG that resulted in a collaborative programme between October 1997 to June 1998 for the national level sample collection and analysis of salt sample using both titration as well field testing kits. The efforts are on to build on those results.

Objectives: To understand the process of partnership and participation among the stakeholders using the case study of ICCIDD and Bharat Scouts and Guides

Methodology: A review of the activities between ICCIDD and Bharat Scouts and Guides, involving the efforts to induct the Bharat Scouts and Guides in the IDD elimination program in India.

Results: An analysis of a series of meetings and the results of those meetings will be presented in the present paper. The meetings were held in diverse locations, in New Delhi, Pachmarhi (Madhya Pradesh), Raipur (Chattisgarh), and Gadpura (Haryana). The association of ICCIDD with BSG has helped it to expand the NGO networking to the neighbouring country of Nepal. The recent meeting of ICCIDD team with Nepal Scouts & Guides functionaries is an outcome of this collaboration.

Conclusions: These sensitizing meetings and re-orientation meetings have proved a success. All the participants at the meetings are enthusiastic to participate in any national level monitoring program that will be introduced by the Government. With their wide network, the Bharat Scouts and Guides can contribute significantly to the National Iodine Deficiency Disorders Control Program (NIDDCP). It is intended to use this experience to build on the partnerships with Livestock organizations.

11th June, 2003

Chairperson
National Egg Coordination Council
C/o Venkateshwara Hatcheries Limited
Venkateshwara House – Pune Singhad road
Pune – 411 030
Maharashtra **Kind Attention to : Mrs. Desai**

Subject: Iodine Deficiency in Livestock and its effect in Socio-economic Development of the Nation

Dear Madam,

Iodine Deficiency as a cause of loss in livestock and poultry production was well known to an earlier generation of scientists and agriculturists. Reduced fertility, abortions and still births, with defective growth are the avoidable consequences of subnormal thyroid hormone levels in cattle, sheep, pigs and chickens.

Iodine deficiency disorders in animals and birds are yet to receive the same attention as that of human beings. This may be due to belief that the health of animals and birds does not affect us directly. This view is changing rapidly and the people started realizing the importance of health of livestock flora and fauna on our health.

Over 20 per cent of the income from the agricultural sector is created by livestock and poultry. More than 70 per cent of rural households depend on these sources either for subsistence or supplementing the family income. By reducing the incidence of IDD in animals, the animals can improve their health and thereby productivity. This improves the quality of health and well being of human beings as well. Increase in livestock productivity will definitely occur with the correction of iodine deficiency thus providing an increase in the economic return.

Indian Coalition for Control of Iodine Deficiency Disorders (ICCIDD) is the National Chapter of the international apex body of International Council for Control of Iodine Deficiency Disorders, established in 1985, with headquarters in Ottawa, Canada. This is a multidisciplinary network of professionals.

ICCIDD is fully committed and dedicated to sustainable elimination of all forms of iodine deficiency disorders from the world. The major thrust is the preventive measures as the aforesaid changes once occurred in the human system are irreversible.

Spectrum of disorders caused by Iodine Deficiency are, mainly, Enlargement of the thyroid gland – Goiter**,** Cretinism, Psycho-motor incordination, Stunting, Speech and learning defects, Abortions and still births, Impaired development of the brain and central nervous system in early fetal life, and importantly hampering of learning abilities, leading to loss of upto 13 IQ points. The cumulative effect of all these impedes the development of a people to their fullest potential and, thus, the national growth.

Our group would like to ***participate in the events like workshops and conferences, wherein we can make presentations and disseminate information on iodine***

deficiency disorders and preventive measures and its impact of national economy and people's well-being, to professionals in the field of poultry farming, livestock and animal husbandry and other stakeholders. We shall, therefore, be grateful if you could kindly inform of us such events being organized by your *Association*, *Members* and affiliates where our team of experts can interact with the participants.

Looking forward to having a fruitful association,

Yours sincerely,

Dr. Chandrakant S. Pandav
Secretary – ICCIDD and
Additional Professor
Centre for Community Medicine
All India Institute of Medical Sciences

Tracking Progress Toward Sustainable Elimination of Iodine Deficiency Disorders in Tamil Nadu

Technical Report
Submitted to the Micronutrient Initiative

1. Introduction

The Department of Public Health and Preventive Medicine, Government of Tamil Nadu, in collaboration with the Indian Coalition for Control of Iodine Deficiency Disorders, and with technical and financial support of the Micronutrient Initiative,

conducted a statewide study in Tamil Nadu titled "Tracking progress towards sustainable elimination of iodine deficiency disorders in Tamil Nadu".

As determined by the National Family Health Survey – 2, Tamil Nadu, in spite of being a salt producing state, ranks last among all the states surveyed for the coverage of adequately iodised salt, as tested by salt testing kits.

2. Rationale For The Present Study:

The Tamil Nadu IDD control cell was established with Central government assistance and is functioning since 1st July 1994. Goitre surveys and resurveys of all the districts are being carried out periodically since 1991. According to the data available with the Department of Public Health and Preventive Medicine, 27 of the 28 districts in Tamil Nadu are endemic for iodine deficiency disorders.

There has been no state level study to assess the status of IDD in Tamil Nadu. In this special situation, it is important to study the current status of IDD and the knowledge, attitudes, practices and behaviour of the people using both quantitative and qualitative methods. This will help us understand the current status of IDD and people's perception about IDD and iodised salt. The study will also attempt to assess the functioning of NIDDCP in the state and suggest means to improve its efficiency, working toward the goal of sustainable elimination.

3. Goals, Objectives, Methodology and Activities under the Present Study:

3.1) Goal

To track progress towards sustainable elimination of iodine deficiency disorder in Tamil Nadu

3.1.1) Objectives:

1. To estimate the prevalence of IDD in Tamil Nadu
2. To assess the availability and cost of adequately iodised salt at the retail shops in Tamil Nadu
3. To assess the community's and trader's perception about IDD and iodised salt in Tamil Nadu

3.2) Methodology:

3.2.1) For Objective 1: To estimate the prevalence of IDD in Tamil Nadu

3.2.1.1) Study Design:

This was a cross sectional community based study – a field survey. Probability proportionate to size (PPS) cluster method was used for sample selection. All inhabited villages in the state with their population ware listed. Using the standard "30 cluster PPS" methodology, a total 30 clusters was selected in the state. The target population was selected by house-to-house visit.

A total of 1230 children in the age group of 6-12 years were to be examined. This sample size, divided among 30 clusters, meant that 41 children from each of the clusters were to be examined.

The clusters were assigned to the Regional Training Centres, which would be assisted by a Government Medical College. The Food Analysis Laboratories at Guindy, Coimbatore and Palayamkottai were assigned fifteen, ten and five clusters each, respectively and the teams conducting the survey in the clusters were instructed to send the salt samples for analysis only to the allotted Food Analysis Laboratory and all the urine samples to the Kings Institute, Guindy.

3.2.1.2) Household

Salt samples (50 grams) were collected from all the households visited for estimation of iodine content. These were tested by iodometric titration at the Government Food Analysis Laboratories in Guindy, Coimbatore and Palayamkottai.

3.2.1.3) Collection of urinary sample

From each household subject, 10 ml of urine was collected in a wide mouthed sample collection bottle. A 2 ml aliquot was transferred to the serum vial for storage and transport to the Kings Institute, Guindy, from which place it was transported to the ICCIDD Reference Laboratory at the All India Institute of Medical Sciences, New Delhi.

3.2.1.4) Collection of salt sample at the retail level

Salt samples were collected, each from a government fair price shop and a private retail shop, from each cluster. If there were no government shops in that cluster, two private retail shops were randomly selected. The salt samples were tested by iodometric titration at the Government Food Analysis Laboratories in Guindy, Coimbatore and Palayamkottai.

3.2.1.5) Interviews by Questionnaire method

Information related to the availability, affordability, accessibility of iodised salt, programme implementation, programme management, IEC, etc was inquired into using structured questionnaire by personal interviews with the respondent in the selected household.

At retail shops, the information on procurement, storage, re-packing and pricing of salt was collected from the retail shops using an interview schedule. In addition, storage and packing was also observed.

3.2.1.6) Parameters Studied

Clinical parameters: Trained and experienced physicians examined clinically all the 41 children in each cluster for thyroid enlargement. Goitre was graded as per the recommendation of the Joint WHO/UNICEF/ICCIDD Technical Consultation Group (May, 1999).

Biochemical parameter: Urinary iodine concentration was estimated from urinary samples collected from the 41 children per cluster.

3.2.2) For Objective 2 and 3:

Objective 2: To assess the availability and cost of adequately iodised salt at the retail shops in Tamil Nadu
Objective 3: To assess the community's and trader's perception about IDD and iodised salt in Tamil Nadu

3.2.2.1) During the Field Survey:

3.2.2.1.1) Household Level

In each household, information on the type of salt used, quantity purchased at a time, method of storage, etc was collected using an interview schedule.

3.2.2.1.2) Retail Level

At retail shops, the information on procurement, storage, re-packing and pricing of salt was collected from the retail shops using an interview schedule. In addition, storage and packing was also observed.

3.2.2.2) Interviews by Questionnaire method and Focus Group Discussions

The qualitative component of the study involved carrying out semi-structured interviews with various categories of health care providers, namely doctors from both the private and government health care settings, practitioners of alternate medicine, voluntary health nurses (VHNs), health inspectors (HIs) and the ICDS/primary school teacher or community leader. Finally, a retail or PDS shop keeper and a salt manufacturer were also interviewed. From the point of view of the users, focus group discussions were carried out with both literate and non-literate women using a focus group guide. **Table 1** shows the number of interviews carried out with different stakeholders in the project.

Table 1: Stakeholder interviews

Category	**Number of Semi Structured Interviews**
Doctors	11
VHN & HI	10 (5 each)
Retail shop keeper, PDS, Salt distributor	9
Community worker, School teacher, ICDS worker	13

Total	43
Focus Group Discussion	12 (6 with literate group & 6 with non -literate group)

The main focus of the interviews with the health care providers was to understand their awareness of salts used by people in their homes for cooking, the quantity generally bought and methods of storage commonly practiced. The interview also sought to elicit information on what providers believed were the reasons for people preferring one salt over another, people's knowledge and awareness about iodized salt and the health hazards associated with their non-use. Information on the socio-cultural beliefs in the community that influence usage of certain salts and their perceptions on how best the use of iodized salt could be promoted in the community were also elicited.

Interviews with the retail shop keeper primarily aimed at understanding their sources for purchase of salt, the quantity generally bought, the methods of storage practiced, their take on people's salt preferences and their ideas, if any, on the benefits of iodized salt

From the point of view of the users, similar issues were probed through focus group discussions conducted with women living in the community. In addition focus groups also aimed at understanding people's knowledge, awareness and preferences for using a certain salt, their awareness of potential health hazards associated with the non-use of iodized salt, any socio-cultural beliefs associated with the usage of different types of salts and their understanding of the role of the community in promoting use of iodized salt. This process of triangulation of data, whereby, similar information was gathered from more than one source, helped to enhance the validity of the findings.

These interviews and focus group discussions were conducted by the social scientist attached to the Regional Training Centres, with the help and supervision of Dr Shuba Kumar and Dr Sarasha Suresh of IndiaCLEN. The data analysis was of the household and retail shopkeeper questionnaires was conducted by the National Institute of Epidemiology while the data analysis of the semi-structured interviews and focus group discussions was conducted by IndiaCLEN.

3.3) Activities under the Present Study

3.3.1) Planning Workshop:

A half day planning workshop was conducted at UNICEF Chennai, to decide upon the schedule for the study - "Tracking Progress Towards Sustainable Elimination of Iodine Deficiency Disorders in Tamil Nadu".

The participants were from the Government of Tamil Nadu, the National Institute of Epidemiology, the Government Medical Colleges, the ICCIDD, and the MI. The issues in the draft protocol were cleared and the dates for the training programme were fixed.

3.3.2) Training and Orientation Workshop:

A three-day training and orientation workshop was conducted for team members from the six Regional Health and Family Welfare Training Centers (Regional Training Centres) and also the Government Medical College. The team comprised a doctor, a social scientist and a health educationist.

State Training Orientation Workshop was held at the Institute of Public Health in Ponnamallee for the team leaders to impart practical training in goitre examination and other details of survey methodology. A total of thirty-eight participants form the Department of Public Health and Preventive Medicine, the Regional Training Centres and Government Medical Colleges participated in the workshop. The degree of agreement amongst the investigators on goitre grading was done to minimize the inter-observer variability.

The schedules for the field survey and the qualitative interviews and focus group discussions were finalized; and the survey kits distributed, during the course of the training workshop. The clusters were assigned to the Regional Training Centres, which would be assisted by a Government Medical College. The Food Analysis Laboratories at Guindy, Coimbatore and Palayamkottai were assigned fifteen, ten and five clusters each, respectively and the teams conducting the survey in the clusters were instructed to send the salt samples for analysis only to the allotted Food Analysis Laboratory and all the urine samples to the Kings Institute, Guindy

3.3.3) Laboratory Workshop

A laboratory workshop was conducted at the King's Institute, Guindy, to inform the participants about the method of estimation of iodine in salt, and the quality control mechanisms therein.

3.3.4) Field Survey:

After the training and orientation workshop, the clusters were allotted to the respective regional training institutes and medical colleges and the field survey commenced immediately. Each regional training institute and medical college survey team visited a total of five clusters. In the household of each selected subject, the physician in the survey team administered the household questionnaire. He conducted the thyroid palpation and assigned the goitre grade.

The urine sample from the subject and salt sample from the household was collected by the assistant. The salt samples were transported to the allotted state food analysis laboratory. The urine samples were analyzed in the ICCIDD reference lab in New Delhi.

In each cluster the investigators also visited two retail level shops, one government and one private, and administered a retail shopkeeper questionnaire and collected salt samples of the various varieties for analysis.

The filled in schedules was sent to the National Institute of Epidemiology and the filled-in data schedules were scrutinized and coded. Controls were prepared to ensure completeness of data set. Creation of data files in the computer systems, data management and data analyses were carried out through the software developed at the National Institute of Epidemiology and software packages such as SYSTAT, EXCEL, WORD and Power Point.

4) Results

4.1) Coverage

In this cross-sectional survey 1230 households were covered in 30 randomly selected clusters. There were a total of 6207 family members. Family size with ≤ 5 members were 876, 6 to 10 members were 41, and 11 to 15 members were 13 households in the selected sample, 64 retail shops were covered for oral questionnaire interview. Salt samples collected from households and retail shops were 1228 and 167 respectively. Urine samples were collected from 1221 children for analyses of iodine content.

4.2) Goitre prevalence

The total goitre rate was 13.5% (95% CI: 11.6% to 15.4%), prevalence of Grade I goitre being 12.9% and Grade II goitre cases begin 0.6% among 1230 children.

4.3) Urinary iodine excretion

A total of 1221 urine samples were collected from 1230 children. The remaining 1206 urine samples were analyzed for iodine content. The median urinary iodine excretion level is 89.5 μg/L. The proportion of the population with a urinary iodine excretion below 100 μg/L was 56% and the proportion of the population with a urinary iodine excretion below 50 μg/L was 22%.

4.4) Iodine content of salt

A total of 1228 salt samples collected at household level were analyzed by titration. The proportion of households consuming adequately iodized salt i.e. iodine content of ≥ 15 ppm (15 mg of Iodine / kg of salt) was 18.2% (95% CI: 16% to 20.4%). The range of Iodine level in salt in the samples from the households was 0 to 80.4 ppm. The total number of salt samples with some iodine was 807 (65.6%).

The quantitative indicators are summarized below:

Indicator	Tamil Nadu
Thyroid size (in age group 6-12 years) Proportion with an enlarged thyroid gland	13.5% (95% CI: 11.6% to 15.4%)
Urinary Iodine	
Median Urinary Iodine (µg/L)	89.5
Proportion below 100 µg/L	56%
Proportion below 50 µg/L	22%
Salt iodisation Proportion of households consuming adequately iodised salt	18.2% (95% CI: 16% to 20.4%)

4.5) Household Questionnaire

4.5.1) Type of salt used

It was found that 16% of households reported the use iodised salt and 12% households reported use of both type of salts. However 45% of respondents said that they do not know, whether their salt contained iodine.

4.5.2) Variety of salt used currently

It was reported by 75% of respondents that they purchased crystal type of salt. Only 13% of them said they are using powdered salt.

4.5.3) Salt storage

In 96% of the households the salt is stored in the kitchen itself and 79% in closed containers.

4.5.4) Source of information on iodised salt

The main source of information about Iodised salt was T.V. (48%), followed by Radio (20%).

4.6) Retail Shopkeeper Questionnaire

4.6.1) Type of salt on sale

It was reported 31% of sales were iodised salt.

4.6.2) Purchase practices by retail shops

About 49% of retail shops purchase iodised salt once a month. Mode of payment was mainly by cash (70%).

4.6.3) Cost per kg of salt

It was reported the cost of either common salt – crystal or powder was Rs. 2.50 / kg. The cost of Iodised crystal salt was Rs. 3.00 per kg and Iodised salt powder Rs. 6.00 per kg.

4.6.4) Awareness of Iodised salt

The proportion of retail shop owners' acknowledging the benefits of iodised salt was 72%.

4.7) Results of Qualitative Analysis

This section presents the salient issues that emerged following analysis of the qualitative data from the semi-structured interviews and focus group discussions. In presenting our findings we have attempted to link the themes and issues emerging from our different data sources, with a view to providing a more holistic picture on community perceptions on usage of salt and iodine deficiency disorders.

4.7.1) Perceptions on Knowledge and Awareness in the Usage of Iodized Salt

Information that emerged from the semi-structured interviews with the health care providers indicates that the type of salt most commonly used by people at home was crystal salt (i.e, raw salt that is not iodized). According to them, while powdered salt was also used in good measure, many were unsure whether this was iodized or not. A few of the community health workers reported that people used the "Arasu salt" (iodized salt supplied by the Public Distribution System) provided by the government, which they knew for a fact was iodized. The focus group discussions with the women in the community also brought out that crystal salt was commonly used in most households. However, with respect to whether or not people were aware of iodized salt, a very mixed picture emerges. On one end of the spectrum were women who were very clear about using only iodized salt on account of its health benefits and on the other end were those who had no understanding of either the health benefits of using iodized salt or, whether or not the salt they used was iodized.

"Iodized salt is good for brain development and growth of children. It is also said that consuming iodized salt will prevent thyroid deficiency" (focus group discussion with women in Chengalpet)

" I do not know about this iodine, nor do I know about iodized salt" (focus group discussion with women in Dindigul)

The report from the health care providers also gives the same mixed picture. Many believed that television had helped considerably in

spreading the message of iodized salt as a result of which people were now aware of iodine deficiency disorders (IDD) and were consciously using iodized salt. However, there were others who reported that "only 10% of the people in the community" were actually aware about IDD and that majority of the people continued to use non-iodized salt.

4.7.2) Factors Influencing Usage of Iodized Salt

With respect to factors that influenced the usage of different types of salt, the women in the community reported cost, ease of use and availability, appearance and storage as important factors. Iodized salt was regarded as being more expensive. It was priced at Rs. 3.00 in the PDS and at Rs. 7.50 in the open markets in contrast to non-iodized salt, which was only Rs. 2.00 in the PDS.

"*The two rupees salt (referring to the crystal salt) while the three rupees salt is expensive (salt sold in the PDS*)"(focus group with women in Villupuram)

"*Iodized salt is good for brain and physical development. It prevents swelling in the neck. It is clean, it is expensive also but we still prefer to buy it"* (Focus group discussion with women in Chennai)

The recurring theme that emerged from all the FGDs was that iodized salt was more expensive. While many were aware of its usefulness and were prepared to pay more, others despite being aware, were not using it.

"Yes I know about iodized salt but everybody in my village uses crystal salt so I also use the same besides the grocery shop selling iodized salt is far away from my home" (Focus group discussion with women in Salem)

4.7.3) Decision Making on Usage of Salt

Decisions on the type of salt to be used as well as the place from where it is to be purchased are largely made by women. To a large extent, habit plays a major role in influencing this decision. People generally prefer to use the salt they have been habituated to and purchase it from the same place.

4.7.4) Knowledge and Awareness About Iodized Salt and IDD

Our observations on people's understanding of the problem of iodine deficiency, as emerged from the semi-structured interviews and FGDs, reveal a considerable lack of understanding and awareness of IDD. What little knowledge they have has been derived largely from television advertisements. It appears that people view it as something that will add to brain development or growth. There are many others who have no understanding of the role of iodine in preventing such

diseases. It is also interesting to note the range of misconceptions people have on the role of iodine in health. The FGDs with women reveal that to many, iodine is understood as a "vitamin" that will enhance or improve an individual's growth and brain development. In addition, some have even attributed to it powers of improving fertility and preventing anaemia. The health care providers for their part believed that there was more awareness among people on IDD following the advertisements on television. However, they estimated that only a small proportion of the population knew about IDD and its link with use of iodized salt

"Iodized salt helps in physical and brain development. It also helps in fertilization and is good for breast feeding mothers " (FGD with women in Chennai)

"Iodized salt is good for children's health. It prevents abortion and anaemia in pregnant women. All this information is advertised in television" (FGD with women in Dindugal)

4.7.5) Role of Television

The analysis of the semi-structured interviews with the providers as well as the focus groups discussions with the women in the community have clearly brought out the important role television has played in educating and informing people about IDD and of the benefits of using iodized salt. People seem not to have grasped the significance of iodization of these salts as being the main difference.

"Yes people are aware of different types of salt like Tata salt, Annapoorna salt, Dandi salt etc., through the advertisements on television but they do not know much about the differences between these salts" (VHN from Ponnamalli RTI)

4.7.6) Perceived Role of the Community and Health Care Providers in Promoting Use of Iodized Salt.

Based on our analysis of the data, the common methods sited by providers to promote use of iodized salt was through information, education and communication activities. Television was seen as a major player in this regard. In addition they also talked about messages through the radio, handbills and interpersonal communication by the health care providers with the community members. A few health care providers also reported targeting school children for health education on IDD and use of iodized salt as an important method of promoting its use in the community.

4.7.7) Key issues that have emerged from the qualitative study:

- Only a small percentage of the population appear to be aware of iodized salt and its link with IDD
- The role of health care providers in spreading the message of IDD and use of iodized salt in its prevention appears to be minimal. It is imperative that the health care providers are actively involves in educating and informing people consistently about IDD and its link with iodized salts. In addition the community workers and school-teachers should specifically provide health education on IDD and iodized salt among school children to further promote its use.
- Commercial advertisements on television have emerged as the major source in promoting use of iodized salt. However, it has failed to impart adequate information on the role of iodized salt in preventing IDD. The sketchy and sometime inaccurate information provided on these commercials has given rise to several misconceptions.
- Women are the main decision makers on types of salt used within the home. In decision on usage of a particular type of salt women are largely guided by habit and past use. Any change demands a conscious decision on their part as this will impact on their cooking practices. Hence they need to be fully convinced both about the need for change to iodized salt as well as the benefits that will accrue to the family from this change.
- While cost has been quoted as a deterrent in purchase of iodized salt, it can be overcome providing convincing arguments for its use are provided on a sustained basis
- The iodized salt under various brand names are generally sold in large grocery shops, which are used by the economically better off and literate people. Street vendors and petty shops who generally supply crystal salt seem to be the major source of supply for most people. These sources need to be targeted to sell iodized salt.

5. Conclusions and Recommendations

5.1) Conclusions

Table 2 gives the criteria for tracking progress of IDD as a public health problem and the results from the Tamil Nadu study in comparison.

Indicator	**Goal**	**Tamil Nadu**
Thyroid size (in age group 6-12 years) Proportion with an enlarged thyroid gland	**<5%**	**13.5%**
Urinary Iodine		
Median Urinary Iodine (µg/L)	**> 100**	**89.5**
Proportion below 100 µg/L	**<50%**	**56%**

Proportion below 50 µg/L	**<20%**	**22%**
Salt iodisation Proportion of households consuming adequately iodised salt	**>90%**	**18.2%**

Based on WHO/UNICEF/ICCIDD Criteria (Goitre Prevalence, Urinary iodine excretion & iodine content of salt) for assessing the status of Iodine Deficiency Disorders:

- ❖ Iodine Deficiency Disorders is a public health problem in Tamil Nadu
- ❖ Majority of the people are not aware of iodine deficiency disorders & the benefits of the use of iodised salt
- ❖ The best means of propagating public health messages is the television & the radio

Dr P Krishnamurthy, Director of Public Health and Preventive Medicine presented the study results at the 30th Annual Session of the United Nations Standing Committee on Nutrition (UN SCN), at Chennai, on 3rd March 2003.

Based on the following conclusions, the following recommendations were suggested, which was accepted by the Government of Tamil Nadu. The Department of Public Health and Preventive Medicine also requested the convening of a dissemination workshop in Tamil Nadu to make public the results of the survey and to involve the main stakeholders to initiate joint efforts to eliminate iodine deficiency disorders.

5.2) Recommendations

1) **Production level monitoring** – A representative of the Tamil Nadu government (**IDD Liaison Cell**) may be seated in the Salt Department's office at Tuticorin to liaise between Government of Tamil Nadu, the salt producers and the Salt Department, the three key stakeholders in the salt production industry. This creates a platform to solve the issues faced by the salt producers as well as involve them more closely in the monitoring process
2) The "Arasu" brand of salt being produced by the Tamil Nadu Salt Corporation is being sold through the Public Distribution System. There is a felt need to improve the quality, the packaging and the adequate iodine content and make it affordable for Below Poverty Line (BPL) families, who are the families who primarily need iodised salt.
3) **Retail level Monitoring** – This can be through the process of cyclic monitoring of iodine content of salt once every three months, through salt sample collection from various pre-selected clusters in the state. The role of medical colleges in designing the sample collection procedures is important.
4) **Cyclic monitoring of urinary iodine & iodine content of salt** – Biological monitoring at the household level every year for two years, covering 1/2 of total districts per year by rotation.
5) **Regular meetings of the IDD Liaison Cell** with the salt producers in Tuticorin – sensitization and re-orientation of the salt producers, with an

attempt to understand their limitations and efforts to overcome these limitations.

6) **Using the network of government & private health care practitioners** to disseminate information related to iodine, iodised salt, and *health* benefits of eliminating iodine deficiency
7) The best means of awareness generation is through the television and radio
8) **Grassroots level dissemination** – The introduction of messages on iodine deficiency and iodised salt through the already existing system of Anganwadi workers, ANMs and trained dais could be attempted. This involved the development of graphic and easy to understand IEC material for these workers
9) **Department of Field Publicity** – This agency of the Government of India may be involved to produce Tamil Nadu-specific visual and audio programs
10) **Establishment of an IDD Review Committee** at the Department of Public Health and Preventive Medicine
    a. To be chaired by the Secretary Health, Government of Tamil Nadu
    b. To be a multi-disciplinary team composed of members from the Government, NIDDCP Program manager for the state, salt industry, scientists, VOs, Health & Nutrition experts
    c. The Committee should meet every three months

Tracking Progress Towards Sustainable Elimination of Iodine Deficiency Disorders – statewide studies

1) Tamil Nadu

The Government of Tamil Nadu, in collaboration with ICCIDD, The Micronutrient Initiative (MI), UNICEF Tamil Nadu, and All India Institute of Medical Sciences conducted a statewide assessment of the status of Iodine Deficiency Disorders, using the indicators – goitre prevalence, urinary iodine excretion, and coverage of iodized salt – that have been specified by WHO/UNICEF/ICCIDD. The study teams were drawn from the six Regional Health and Family Welfare Training Centres in the state, their activities being coordinated by the Department of Public Health and Preventive Medicine. The Government Food Analysis Laboratory conducted the laboratory analysis of salt and the ICCIDD lab at New Delhi conducted the urinary iodine analysis. There were many phases – the Preparatory phase, the training phase, the field study phase, the laboratory analysis phase, the report preparation phase and finally the dissemination phase. This study also included collaborative efforts from National agencies like the National Institute of Epidemiology, which did the data analysis, the National Institute of Nutrition, Hyderabad, which coordinated the quality assurance of salt analysis, and the India Clinical Epidemiology Network (IndiaCLEN), which conducted the qualitative aspect of the study.

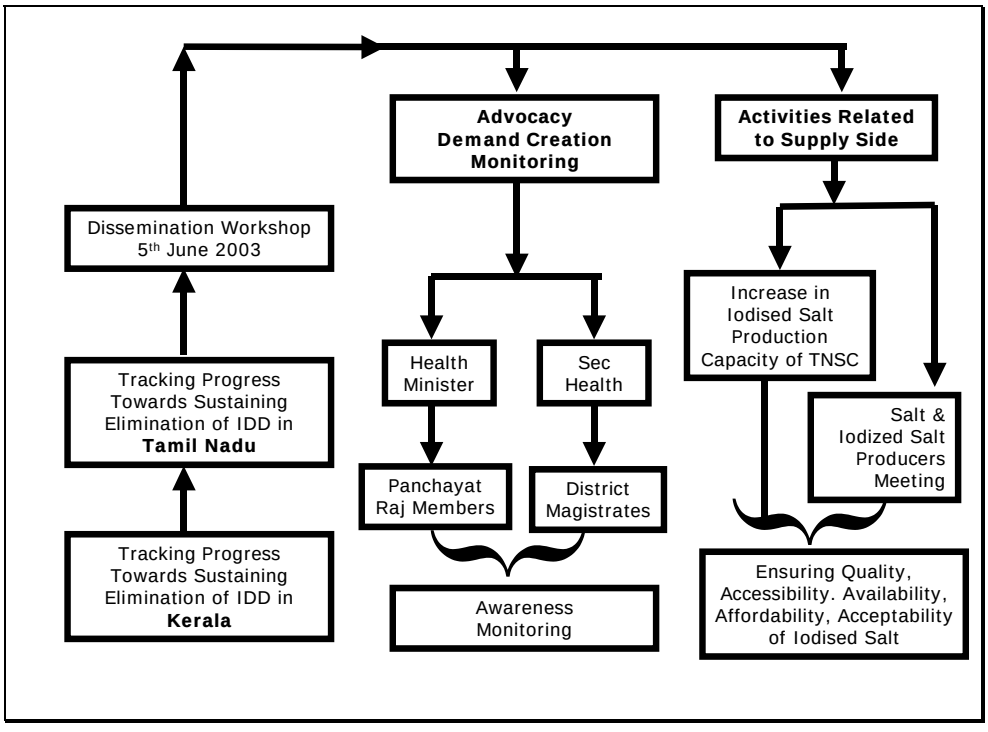
The results of the Tamil Nadu study are outlined below.

Criteria for Tracking Progress towards eliminating IDD as a Public Health Problem: results of the Tamil Nadu study

Indicator	Goal	Tamil Nadu Result
Thyroid Size (Age Group 6-12 years) Proportion with enlarged thyroid	< 5 %	13.5 %
Median Urinary Iodine Concentration (µg/L)	> 100	89.5
Salt Iodisation Proportion of households consuming adequately iodized salt	> 90 %	18.2%

As with the Kerala study conducted in 2001, the key criterion for success was partnership. The Kerala study had a spiralling effect on the other state studies. Following the release of the report on the Kerala study, the Government of Tamil Nadu wanted to assess, through its own machinery, with technical and resource help from ICCIDD, MI and UNICEF, the status of IDD in their own state. This resulted in the Tamil Nadu study. The Government of Tamil Nadu has initiated steps to increase the demand for iodized salt and concomitantly ensure supply of adequately iodized salt. This is outlined below.

The Kerala & Tamil Nadu IDD Study and Follow Up Process



Unique Features of the Kerala and Tamil Nadu Study

The Kerala study demonstrated a participatory approach at all stages of the study. From the initial stage of the preparation of the protocol till the final report preparation stage, there was an encouraging and enthusiastic participation from all the members of the team that participated in the study, and the Government of Kerala. Also, it was the first time that the Directorate of Health Services (State Nutrition Lab) and the Directorate of Medical Education (Medical Colleges) collaborated in such a massive statewide assessment. In May 2002, the Health Minister of Kerala released the report to the public.

In Tamil Nadu, the decision makers, the Department of Public Health and Family Welfare, themselves conducted the study, and have taken the necessary steps to increase iodized salt coverage. These efforts are based on the results of *their* study. Also, major national bodies like the National Institute of Epidemiology, National Institute of Nutrition, All India Institute of Medical Sciences and Indian Clinical Epidemiology Network also contributed to the study. International organizations like ICCIDD, MI and UNICEF supported this effort to ensure capacity building. The partnerships that were built are going to contribute substantially to sustainability of the programme the state.

Some key lessons have been learnt from the Kerala and Tamil Nadu study. The first one is the need for a regular, reliable, representative state level scientific data, demonstrating the impact of the programme so as to sustain political commitment and motivation of programme implementers, including the salt traders. The second one relates to local capacity enhancement and sustainability wherein the importance of forging a partnership is recognized. This theme was carried over into the other state level studies.

2) Orissa

The Government of Orissa, in collaboration with ICCIDD, The Micronutrient Initiative (MI), UNICEF Orissa, and All India Institute of Medical Sciences conducted a statewide assessment of the status of Iodine Deficiency Disorders, using the indicators – goitre prevalence, urinary iodine excretion, and coverage of iodized salt. The study teams were drawn from the three Medical Colleges in the state – at Behrampur, Cuttack and Burla, their activities being coordinated by the State Institute of Health and Family Welfare. The ICCIDD lab at New Delhi conducted the salt and urinary iodine analysis. The central theme of letting the state own their data has led to the state government conducting the study using their own field personnel.

The results of the Orissa study are outlined below.

Criteria for Tracking Progress towards eliminating IDD as a Public Health Problem: results of the Orissa study

Indicator	Goal	Orissa Result
Thyroid Size (Age Group 6-12 years) Proportion with enlarged thyroid	< 5 %	8.0 %
Median Urinary Iodine Concentration (µg/L)	> 100	84.2
Salt Iodisation Proportion of households consuming adequately iodized salt	> 90 %	45.0 %

3) Bihar

Bihar has been considered a poor performing state in terms of development indicators. In the field of IDD elimination, the state of Bihar, lying in the sub-Himalayan ("terai") regions, has been traditionally an iodine deficient zone. The Government of Bihar, in collaboration with ICCIDD, The Micronutrient Initiative (MI), UNICEF Bihar, and All India Institute of Medical Sciences conducted a statewide assessment of the status of Iodine Deficiency Disorders, using the indicators – goitre prevalence, urinary iodine excretion, and coverage of iodized salt. The study teams were drawn from the cadre of primary health centres near the selected study areas (the 30 clusters), their activities being coordinated by the Department of Health, Government of Bihar. The ICCIDD lab at New Delhi conducted the salt and urinary iodine analysis. UNICEF in Bihar, which has been deeply involved in community based programmes, contributed significantly in terms of coordinating resources and also logistical help.

The results of the Bihar study are outlined below.

Criteria for Tracking Progress towards eliminating IDD as a Public Health Problem: results of the Bihar study

Indicator	Goal	Bihar Result
Thyroid Size (Age Group 6-12 years) Proportion with enlarged thyroid	< 5 %	5.2 %
Median Urinary Iodine Concentration (µg/L)	> 100	85.0
Salt Iodisation Proportion of households consuming adequately iodized salt	> 90 %	40.1 %

4) Goa

In Goa, the lead was taken by the Goa Medical College, the only medical college from the state. The Government of Goa was an important partner, along with ICCIDD and the Micronutrient Initiative (MI). The study teams were drawn from the Faculty and students of the Department of Social and Preventive Medicine at the Goa Medical College. The ICCIDD lab at New Delhi conducted the salt and urinary iodine analysis.

The results of the Goa study are outlined below.

Criteria for Tracking Progress towards eliminating IDD as a Public Health Problem: results of the Bihar study

Indicator	Goal	Goa Result
Median Urinary Iodine Concentration (µg/L)	> 100	76.0
Salt Iodisation Proportion of households consuming adequately iodized salt	> 90 %	92.0 %

5) Rajasthan (underway)

Based on the format used in the five states of Kerala, Tamil Nadu, Orissa, Bihar and Goa, the Government of Rajasthan is also keen to assess the iodine nutrition of its population. In association with UNICEF Rajasthan, and the MI, ICCIDD will undertake a statewide assessment in 2004. A unique feature of this study will be that a sub-sample of pregnant women from the clusters will also be studied, using urinary iodine as an indicator.

16th April, 2003

H.E.Mr. Peter H. Sutherland
High Commissioner
Canadian High Commission
7/8, Shantipath, Chanakyapuri
New Delhi – 110 021

Subject: Global Mission of Sustainable Elimination Iodine Deficiency Disorders

Your Excellency,

Indian Coalition for Control of Iodine Deficiency Disorders (ICCIDD) is the National Chapter of the international apex body of International Council for Control of Iodine Deficiency Disorders, established in 1985, with headquarters in Ottawa, Canada.
ICCIDD is fully committed and dedicated to sustainable elimination of all forms of iodine deficiency disorders from the world. The major thrust is the preventive measures as the changes in the human system due to iodine deficiency disorders once occurred are irreversible.

Spectrum of disorders caused by iodine deficiency are, mainly, enlargement of the thyroid gland – goiter**,** cretinism, psycho-motor incordination, stunting, speech and learning defects, abortions and still births, impaired development of the brain and central nervous system in early fetal life, and importantly hampering of learning abilities, leading to loss of upto 13 IQ points. The cumulative effect of all these impedes the development of a people to their fullest potential and, thus, the national growth.

The ICCIDD is working towards building up a collective effort by forging alliance of Public Health personnel, Educational Institutions, Policymakers, Administrators, Voluntary Sector, Industry, and other professional groups to realize the vision of physical and mental development of faculties of children to the fullest measures. Towards this, we offer our contributions and collaboration with your government and accredited agencies in your country.

We shall be grateful if you could kindly advise us the contact details of the Correspondent in your Mission with whom we can share more in our next communication.

Yours sincerely,

Dr. Chandrakant S. Pandav

6th May, 2003

Ms Eileen Stewart
First Secretary
Development Cooperation Section
Canadian High Commission
7/8, Shantipath, Chanakyapuri
New Delhi – 110 021

Dear Ms Stewart,

Thank you for your letter of 29th April, 2003, sharing with us information regarding proposed activities of CIDA under the Country Development Framework for India.

Organizational Profile: We are a group with national and international partnership exposure and performance backed by technical and professional management systems.

Indian Coalition for Control of Iodine Deficiency Disorders (ICCIDD) is the National Chapter of the international apex body of International Council for Control of Iodine Deficiency Disorders, established in 1985, with headquarters in Ottawa, Canada. The International Council was recognized as the expert group by the UN system in 1987 and further as a Technical Expert Group by the World Health Assembly in 1993. The Indian Coalition is a non-profitable, non-governmental organization. The legacy of the office bearers of the Coalition dates back to mid-fifties having directly associated with the legendary late Dr. V. Ramalingaswami, first National Research Professor and former Director General of Indian Council of Medical Research and Director of All India Institute of Medical Sciences, who pioneered IDD elimination programmes starting from Kangra Valley (Himachal Pradesh) in the fifties.

ICCIDD is a Registered Society under Societies Registration Act 1860 vide registration No. S-31257 of 1997 by Registrar of Societies, Govt. of Delhi.

Association with CIDA – Canadian International Development Agency is one of the major contributors and collaborators for the worldwide activities of International Council for Control of Iodine Deficiency Disorders. This being a matter of record, we are not elaborating.

Association with the MI – I am a Member of the Advisory Board of the MI since 1998.

Association of ICCIDD and MI is an ongoing one and an example of sustainable global partnership. In India, both these organizations have close interactions and mutual support in various fields of activities relating to micronutrient which goes much beyond donor-recipient equation. Policy planning, opinion and role of civil society, and alliance building are some to mention.

Current Programmes in partnership with the MI:

A. The Micronutrient Initiative has developed a problem based learning (PBL) programme. The purposed is to introduce iodine deficiency disorders as a clinical and public health problem and to suggest up-to-date information on clinical and population based assessment, treatment and managers. The target beneficiaries are undergraduate students in medicine, nursing and nutritional sciences, health care providers in general including, health administrators, health workers and programme managers.

B. A major programme of state-wide IDD surveys has been initiated. As part of this, the programme is underway in the states of Tamil Nadu, Orissa, Bihar and Goa. This is being done in alliance with the respective state governments. One completion of the studies, there is expected to be available authentic and updated data for programme implementation on IDD in the country.

The All India Institute of Medical Sciences (AIIMS) : The premier Institute of medical education, research and patient care historically has encouraged and played a role in fostering collaboration and partnership, both internationally and nationally. The examples galore. To mention a few such, - one, the foundation stone of the AIIMS was laid by Mr. J.T.Watts, Minister of Industry & Commerce, Govt. of New Zealand on 4th April, 1952 who contributed 1 million Pound Sterling. The second example is the opening of the buildings of the AIIMS on 17th January, 1961 by her Majesty, Queen Elizabeth II. The third is collaboration between Rockefeller Foundation and AIIMS for the Comprehensive Rural Health Services Project at Ballabhgarh in the neighboring State of Haryana during 1960 to 1967. This is a sterling example of joining hands to deliver primary health services in the unreached areas. At the national level, we have two partnership projects with Rotary Club – the Rotary Cancer Hospital, and also Rotary-AIIMS Mid-town Trilokpuri Hospital on the outskirts of Delhi.

Profile of lead team: ICCIDD is a team of multidisciplinary professionals and experts with focus on public health and children's rights. In addition to the lead team based in Delhi there is a network of senior professionals nationwide. The Indian group is represented and exposed largely in the international arena in the field of public health, especially iodine deficiency disorders elimination programmes.

Networking: In addition to the professional networking, ICCIDD has an enlarged networking of local NGOs and Voluntary Organizations, State Governments, Panchayati raj (local self-government bodies) groups and Scouts and Guides.

Activities in Madhya Pradesh, Chhattisgarh and Uttaranchal:

1. **Madhya Pradesh:** We have carried out a survey in the undivided Madhya Pradesh (i.e. present Madhya Pradesh and Chhattisgarh). Copy of the report is enclosed.

2. **Chhattisgarh:** ICCIDD has addressed and made presentations at the Rally of Scouts and Guides from tribal area of the country (about 3000 students) at Raipur (the state capital) in October-November, 2002.

3. **Uttaranchal:** We are in dialogue with His Excellency Mr. Sudarshan Agarwal, the Governor of Uttaranchal for a statewide programme in the State. His Excellency has been a supporter of our programmes for long.

We, the ICCIDD and AIIMS, can offer our partnership for long-term collaborative programmes with CIDA and Canadian High Commission in the field of public health, especially micronutrients and, with special emphasis on iodine deficiency disorders elimination programmes.

It will be our pleasure to **meet you, make a presentation and discuss more on examining possibilities** of working together.

Looking forward to hearing from you.

Thanking you.

Yours sincerely,

Dr. Chandrakant S. Pandav
Secretary – ICCIDD
Additional Professor – Centre for Community Medicine
All India Institute of Medical Sciences

P.S. I am an alumnus of McMaster University with a Masters in Health Economics. A copy of my career sketch is enclosed.

H.E.Mr. Peter H. Sutherland
High Commissioner
Canadian High Commission
7/8, Shantipath, Chanakyapuri
New Delhi – 110 021

Dr. Rajiv Tandon
Country Representative
MOST – USAID
57/II, Poorvi Marg
Vasant Vihar
New Delhi – 110 057

H.E.Ms Penelope Wensley Ao
High Commissioner
High Commission for Australia
1/50-G, Shantipath, Chanakyapuri
New Delhi – 110 021

H.E. Mr. Peter F.C.Koch
Ambassador
Royal Netherlands Embassy
6/50-F, Shantipath, Chanakyapuri
New Delhi – 110 021

H.E. Mr. Hiroshi Hirabayashi
Ambassador
Embassy of Japan
50-G, Shantipath, Chanakyapuri
New Delhi – 110 021

H.E. Mr. Johan Nordenfent
Ambassador
Embassy of Sweden
Nyay Marg, Chanakyapuri
New Delhi – 110 021

H.E. Mr. Michael Sternberg
Ambassador
Royal Danish Embassy
11, Aurangazeb Road
New Delhi – 110011

H.E. Mr. Glen Lindholl
Ambassador
Embassy of Finland
E-3, Nyaya Marg, Chanakyapuri
New Delhi – 110 00\21

H.E. Mr. Bernard De Faubournet De Montferrande
Ambassadaor
Embassy of France
2/50-E, Shantipath, Chanakyapuri
New Delhi – 110 021

H.E. Mr. Himo Richter
Ambassador
Embassy of the Federal Republic of Germany
6/50-G, Shantipath, Chanakaypuri
New Delhi – 110 021

H.E. Dr. Walter B. Gyger
Ambassador
Embassy of Swizerland
Nyaya Marg,. Chanakyapuri
New Delhi – 110 021

Ambassador
Embassy of Afghanistan
5/50-F, Shantipath, Chanakyapuri
New Delhi – 110 021

H.E. Mr. Lyongpo Dago Tshering
Ambassador
Royal Bhutanese Embassy
Chnadragupta Marg, Chanakyapuri
New Delhi – 110 021

H.E. Mr.Tufai K. Haider
High Commissioner
Bangladesh High Commission
56, Ring Road, Lajpat Nagar
New Delhi – 110 024

H.E. U Kyaw Thu
Ambassador
Embassy of the Union of Myanmar
3/50-F, Nyaya Marg, Chanakyapuri
New Delhi – 110 021

H.E. Dr. Bhekh B. Thapa
Ambassador
Royal Nepalese Embassy
Barakhamba Road
New Delhi – 110 001

H.E. Mr. Mangala Moonesinghe
High Commissioner
High Commission for Sri Lanka
27, Kautilya Marg, Chanakyapuri
New Delhi – 110 021

H.E. Mr. Bandehid Sotipalalid
Ambassador
Royal Thai Embassy
56-N, Nyaya Marg, Chanakpyapuri
New Delhi – 110 021

7th May, 2003

Mr. Kerry Groves
First Secretary
(Development Cooperation)
AusAID
Australian High Commission
1/50 G, Shanti Path, Chanakyapuri
New Delhi – 110 021

Dear Mr. Groves,

Thank you for your prompt response by e-mail of 22nd April, 2003.

Organizational Profile: We are a group with national and international partnership exposure and performance backed by technical and professional management systems.

Indian Coalition for Control of Iodine Deficiency Disorders (ICCIDD) is the National Chapter of the international apex body of International Council for Control of Iodine Deficiency Disorders, established in 1985, with headquarters in Ottawa, Canada. The International Council was recognized as the expert group by the UN system in 1987 and further as a Technical Expert Group by the World Health Assembly in 1993. The Indian Coalition is a non-profitable, non-governmental organization. The legacy of the office bearers of the Coalition dates back to mid-fifties having directly associated with the legendary late Dr. V. Ramalingaswami, first National Research Professor and former Director General of Indian Council of Medical Research and Director of All India Institute of Medical Sciences, who pioneered IDD elimination programmes starting from Kangra Valley (Himachal Pradesh) in the fifties.

ICCIDD is a Registered Society under Societies Registration Act 1860 vide registration No. S-31257 of 1997 by Registrar of Societies, Govt. of Delhi.

Association with AusAID – AusAID is one of the major contributors and collaborators for the worldwide activities of International Council for Control of Iodine Deficiency Disorders. This being a matter of record, we are not elaborating.

We would like to recall that Dr. Basil Hetzel, the renowned public health scientist and former Governor of Southern Australia is the founder Executive Director of International Council for Control of Iodine Deficiency Disorders (ICCIDD). He is actively involved as a Board Member in the regular activities of ICCIDD.

The All India Institute of Medical Sciences (AIIMS) : The premier Institute of medical education, research and patient care historically has encouraged and played a role in fostering collaboration and partnership, both internationally and nationally. The examples galore. To mention a few such, - one, the foundation stone of the AIIMS was laid by Mr. J.T.Watts, Minister of Industry & Commerce, Govt. of New Zealand on 4th April, 1952 who contributed 1 million Pound Sterling. The second example is the opening of the buildings of the AIIMS on 17th January, 1961 by her Majesty, Queen Elizabeth II. The third is collaboration between Rockefeller Foundation and AIIMS for the Comprehensive Rural Health Services Project at Ballabhgarh in the neighboring State of Haryana during 1960 to 1967. This is a

sterling example of joining hands to deliver primary health services in the unreached areas. At the national level, we have two partnership projects with Rotary Club – the Rotary Cancer Hospital, and also Rotary-AIIMS Mid-town Trilokpuri Hospital on the outskirts of Delhi.

Profile of lead team: ICCIDD is a team of multidisciplinary professionals and experts with focus on public health and children's rights. In addition to the lead team based in Delhi there is a network of senior professionals nationwide. The Indian group is represented and exposed largely in the international arena in the field of public health, especially iodine deficiency disorders elimination programmes.

Networking: In addition to the professional networking, ICCIDD has an enlarged networking of local NGOs and Voluntary Organizations, State Governments, Panchayati raj (local self-government bodies) groups and Scouts and guides.

Role of ICCIDD: As a body of professionals with vast experience in the field, ICCIDD is equipped to conduct IDD assessment, assist programme planning, implementation and evaluation. Being a group of Public Health Experts, Health Economists and Medical Scientists and other professionals, we are dedicated to addressing the issues related to effective implementation of programmes towards sustainable elimination of IDD in the Country. In order to track progress towards sustainable elimination of iodine deficiency disorder, the essentials of the programme will encompass review of the IDD elimination programme activities related to assessment, intervention (salt iodisation), monitoring, information, education and communication (IEC), training, experiences exchange, documentation and programme management. In brief, ICCIDD is equipped with technical and professional expertise to catalyze all activities towards elimination of iodine deficiency disorders in any part of the world starting from survey through IEC and sustainable progress monitoring.

We, the ICCIDD and AIIMS, can offer our partnership for long-term collaborative programmes with AusAID in the field of public health, especially micronutrients and, with special emphasis on iodine deficiency disorders elimination programmes.

It will be our pleasure to **meet you, make a presentation and discuss more on examining possibilities** of working together.

Looking forward to hearing from you.

Thanking you.

Yours sincerely,

Dr. Chandrakant S. Pandav
Secretary – ICCIDD
Additional Professor – Centre for Community Medicine
All India Institute of Medical Sciences

8th May, 2003

Mrs. Marie F. GONNORD
French Embassy Cultural Centre
2, Aurangzeb Road
New Delhi – 110 011

Dear Mrs. Gonnord,

Kindly refer to the letter from His Excellency the Ambassador (No. 0975 dated 29th April 2003). In continuation, we would like to share with you the following.

Organizational Profile: We are a group with national and international partnership exposure and performance backed by technical and professional management systems.

Indian Coalition for Control of Iodine Deficiency Disorders (ICCIDD) is the National Chapter of the international apex body of International Council for Control of Iodine Deficiency Disorders, established in 1985, with headquarters in Ottawa, Canada. The International Council was recognized as the expert group by the UN system in 1987 and further as a Technical Expert Group by the World Health Assembly in 1993. The Indian Coalition is a non-profitable, non-governmental organization. The legacy of the office bearers of the Coalition dates back to mid-fifties having directly associated with the legendary late Dr. V. Ramalingaswami, first National Research Professor and former Director General of Indian Council of Medical Research and Director of All India Institute of Medical Sciences, who pioneered IDD elimination programmes starting from Kangra Valley (Himachal Pradesh) in the fifties.

ICCIDD is a Registered Society under Societies Registration Act 1860 vide registration No. S-31257 of 1997 by Registrar of Societies, Govt. of Delhi.

The All India Institute of Medical Sciences (AIIMS) : The premier Institute of medical education, research and patient care historically has encouraged and played a role in fostering collaboration and partnership, both internationally and nationally. The examples galore. To mention a few such, - one, the foundation stone of the AIIMS was laid by Mr. J.T.Watts, Minister of Industry & Commerce, Govt. of New Zealand on 4th April, 1952 who contributed 1 million Pound Sterling. The second example is the opening of the buildings of the AIIMS on 17th January, 1961 by her Majesty, Queen Elizabeth II. The third is collaboration between Rockefeller Foundation and AIIMS for the Comprehensive Rural Health Services Project at Ballabhgarh in the neighboring State of Haryana during 1960 to 1967. This is a sterling example of joining hands to deliver primary health services in the unreached areas. At the national level, we have two partnership projects with Rotary Club – the Rotary Cancer Hospital, and also Rotary-AIIMS Mid-town Trilokpuri Hospital on the outskirts of Delhi.

Profile of lead team: ICCIDD is a team of multidisciplinary professionals and experts with focus on public health and children's rights. In addition to the lead team based in Delhi there is a network of senior professionals nationwide. The Indian group is represented and exposed largely in the international arena in the

field of public health, especially iodine deficiency disorders elimination programmes.

Networking: In addition to the professional networking, ICCIDD has an enlarged networking of local NGOs and Voluntary Organizations, State Governments, Panchayati raj (local self-government bodies) groups and Scouts and Guides.

Role of ICCIDD: As a body of professionals with vast experience in the field, ICCIDD is equipped to conduct IDD assessment, assist programme planning, implementation and evaluation. Being a group of Public Health Experts, Health Economists and Medical Scientists and other professionals, we are dedicated to addressing the issues related to effective implementation of programmes towards sustainable elimination of IDD in the Country. In order to track progress towards sustainable elimination of iodine deficiency disorder, the essentials of the programme will encompass review of the IDD elimination programme activities related to assessment, intervention (salt iodisation), monitoring, information, education and communication (IEC), training, experiences exchange, documentation and programme management. In brief, ICCIDD is equipped with technical and professional expertise to catalyze all activities towards elimination of iodine deficiency disorders in any part of the world starting from survey through IEC and sustainable progress monitoring.

We, the ICCIDD and AIIMS, can offer our partnership for long-term collaborative programmes under the Indo-French co-operation in the field of public health, especially micronutrients and, with special emphasis on iodine deficiency disorders elimination programmes.

It will be our pleasure to **meet you, make a presentation and discuss more on examining possibilities** of working together.

Looking forward to hearing from you.

Thanking you.

Yours sincerely,

Dr. Chandrakant S. PANDAV
Secretary – ICCIDD
Additional Professor – Centre for Community Medicine
All India Institute of Medical Sciences

28th July, 2003

Mr. D.L.Sharma
Director
Bharat Scouts & Guides
Lakshmi Majumdar Bhawan
Indraprasta Estate
New Delhi – 110002

Subject: Sustainable Elimination of Iodine Deficiency Disorders in India : Partnership among Bharat Scouts Guides, CCM AIIMS & ICCIDD

Dear Sir,

Kindly refer to the meeting we have had this forenoon at the National Headquarters wherein we made a presentation to the National Commissioner Mr. L.M.Jain and other professionals at the headquarters. We are grateful to the National Commissioner for sparing time out of the busy schedule to attend the presentation and appreciate the problem of iodine deficiency disorders. We thank you and your colleagues Mr. J.Sukumara and Mrs. Pushpa Nadkarni for efficiently organizing this meeting.

We would recapitulate with regard to some of the events we would like to conduct in the month of October, 2003, in collaboration with BSG, to culminate with the planned for programmes for **the 21st October 2003, i.e. Global IDD Day.**

1. **Teachers training on 5th October (Sunday):** Our team will impart training to a group of 100 Teachers from Delhi (Scout Masters and Guide Captains) at the NHQ. Expenditure for local conveyance and meals (lunch and refreshments) will be borne by us (indication given is about Rs. 100/- per head). The officials from NHQ are cordially invited to attend the programme. We will make the payment by cheque to you. Please indicate the Account name and total amount inclusive of expenses of professionals at headquarters. (We will require a statement of expenses and photocopies of vouchers as required by our accounting system).

2. **Salt sample testing on 18th October and report compilation:** The group of teachers attended the training programme on the 5th October will organize testing of salt samples by the children at the respective schools and compile the report as per format ICCIDD will provide. We should aim to analyse a total of 1 lakh samples that day. On an average, each should will have to analyse 1000 samples. The students should be requested to bring samples from their homes, neighbours and retail shopkeepers.

3. **Compilation of report on 19th October, 2003 at the NHQ:** All teachers would be requested to bring their report to NHQ on 19th October.

4. **Scientific session on 20th October at AIIMS:** A scientific session is scheduled to be held at the All India Institute of Medical Sciences on the 20th October 2003 at which a various stakeholders from all over India as well as international agencies are expected to participate. A slot will included for the above group of teachers to present the consolidated report of the salt testing conducted on the 18th October.

5. **Rally on 21st October, 2003:** A rally of children is being planned for 21st October, 2003 at New Delhi. About 300 children and officials may be deputed to participate. We shall reimburse the cost of transportation expenses. Together, we shall work out more details.

6. **Meeting the President of India**: It is proposed that a small group of people will meet the President of India on the Global IDD Day, the 21st October, 2003. A representative group of Scouts and Guides (~10 children and 3-4 officials are invited to join this group. Details will be communicated alter.

7. **Function at Vigyan Bhawan:** There will be session at Vigyan Bhawan on the 21st October 2003 (AN). The group of rally participants is invited to be present at this function.

Other activities:

1. **Ongoing events:** As discussed, we would continue participating in the regular events being by BSG during the remaining part of the year 2003-2004. The list of proposed events wherein we would like to participate was handed over to Mr. Sukumara during our meeting on 25th July, 2003.

2. **Proficiency Badge:** Towards this, ICCIDD will work out a draft and submit to you in due course

3. **Sponsoring IDDE theme:** At various competitions like painting, essay writing, limericks, slogans etc., IDDE theme may introduced.

Importantly, we request the help of the good offices of Mr. L.M.Jain, National Commissioner in fixing an appointment with the Hon. President of India for the joint delegation of BSG-ICCIDD to meet him on the occasion of the IDD Day on 21st October, 2003.

We reiterate that it has been an encouraging experience to interact at the high level of BSG and make a big headway in deciding to jointly carry forward an important programme of development of children and thereby national development.

Looking forward to having a fruitful association,

Yours sincerely,

Dr. Chandrakant S. Pandav

29th May, 2003

Shri D.L.Sharma
Director
Bharat Scouts and Guides
Lakshmi Majumdar Bhawan
I.P.Estate
New Delhi – 110 002

Subject: Sustainable Elimination of Iodine Deficiency Disorders in India

Reg: Proposed Calendar of Activities

Dear Shri Sharma,

We propose to participate in the events as per the enclosed calendar, extracted from your planned activities for the year 2003-2004. If this meets with your approval, we shall firm up the same and mutually work out the details / dates of presentations.

Thank you for introducing Mr. Peter Parekattil of our Office to the Nepal Scouts and Guides. He had a fruitful exchange with Mr. R.P.Pandey, the International Commissioner and Mr. Valli, the National Secretary on the programmes of Iodine Deficiency Disorders Elimination and the collaboration ICCIDD have with Bharat Scouts and Guides. We are working out a proposal for action with NSG and shall keep you posted.

Looking forward to having continued partnership,

Best regards,

Dr. Chandrakant S. Pandav
Secretary – ICCIDD
Additional Professor
Centre for Community Medicine - AIIMS

Note for Record

State Council of Educational Research & Training : Teachers Orientation Programme

Introduction:

State council of Educational Research & Training (SCERT) New Delhi is holding a programme titled "Orientation Programme for School Teachers in Nutrition" at District Institute of Educational Training, Old Rajinder Nagar, New Delhi from 7th to 27th January, 2003. The participants are forty-six senior Sciences Teachers from Delhi Schools.

Presentation of IDD Module:

On invitation, ICCIDD made a presentation on 14th January, 2003 on IDD. The presentation capsule was:

1. Introduction
2. Screening of documentary 'Trishna'
3. PowerPoint Presentation
4. Demonstration of Salt Testing
5. Distribution of IEC Materials
6. Interactive Session
7. Future Plan of Action

Interaction:

The well received presentation elicited good response and instant initiative to carry forward the programme at school level. The level of enthusiasm was such that many participants wanted to send communications from ICCIDD to their home addresses to ensure continuity even after their transfer.

There was resenting voices that the school curriculum does not give much importance to such a topic of IDD's magnitude.

Some teachers said that they used ask the children to spread salt on chopped potato to test presence of iodine, indicating existing awareness of iodised salt consumption.

The participants were appreciative of our partnership with Bharat Scouts & Guides and wanted to have similar programmes with SCERT /Schools.

Future collaborative programmes discussed:

1. Competition at district level (essay, elocution, slogans etc) in the month of April, to coincide World Health Day. Certificates and prizes presentation.
2. Programmes to mark IDD Day in October
3. Include IDD / salt sample collection and testing in the project work of Science Students
4. Environmental programmes, which are highly visible, to include IDD in the schools
5. Supply of IEC material, especially posters for class rooms and time table cards for the pupils
6. Information booklets
7. Requested ICCIDD to train science students in titration method
8. Include SCERT group in ICCIDD programmes
9. ToT programmes for Teachers
10. Supply of STKs to train the students
11. Prints of Trishna, preferably in Hindi.

Ms Suman Bhatia, Coordinator of the programme, requested a copy of Trishna for the headquarters. She has requested to be informed of and included in our ongoing programmes. She has specialized in nutrition and also worked for UNICEF and WHO.

Comments:

1. The pending Delhi School Health programme may be reactivated and incorporated with the SCERT programmes since both have unifocus, i.e. Delhi School Children. We may also consider slotting-in Hriday-Shan and Deepalaya also in this venture. This can widen the ambience, (School Health professionals, Educationists, Voluntary/NGO sector).

2. To print and distribute the FAQs developed by ICCIDD

3. Distribution of School-relevant IEC materials

Peter Parekattil
14th January, 2002

Note for Record

State Council of Educational Research & Training : Teachers Orientation Programme

Introduction:

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5. To print and distribute the FAQs developed by ICCIDD

6. Distribution of School-relevant IEC materials

Peter Parekattil
14th January, 2002

Teachers Orientation Programme

Organised by SCERT

14th January, 2003 at DIET, New Delhi

Presentation on IDD Module by ICCIDD

Capsule:

1. Introduction
2. Screening of documentary 'Trishna'
3. PowerPoint Presentation
4. Demonstration of Salt Testing
5. Distribution of IEC Materials
6. Interactive Session
7. Future Plan of Action

9th June, 2003

Shri V.Rama Rao
Joint Director (Admin)
Navodaya Vidyalaya Samiti
Indira Gandhi Stadium
I.P.Estate
New Delhi – 110 002

Subject: Sustainable Elimination Iodine Deficiency Disorders and Learning Ability of Children.

Dear Sir,

Indian Coalition for Control of Iodine Deficiency Disorders (ICCIDD) is the National Chapter of the international apex body of International Council for Control of Iodine Deficiency Disorders, established in 1985, with headquarters in Ottawa, Canada.
Spectrum of disorders caused by iodine deficiency are, mainly, enlargement of the thyroid gland–goiter**,** cretinism, psycho-motor incordination, stunting, speech and learning defects, abortions and still births, impaired development of the brain and central nervous system in early fetal life, **and importantly hampering of learning abilities, leading to loss of upto 13 IQ points**. According to the World Health Organisation (WHO), iodine deficiency is the single-most important preventable cause of mental handicap in the world. The cumulative effect of these impedes the development of a people to their fullest potential and, thus, the national growth.

Education being the most important component contributing to national development and growth, this is a thrust area of our activities.

Iodine deficiency disorders is one of the factors that is interfering with educability of our children. And it is imminently preventable. All that is required is regular daily consumption of adequately iodised salt.

ICCIDD is fully committed and dedicated to sustainable elimination of all forms of iodine deficiency disorders from the world. The major thrust is the preventive measures as the changes in the human system due to iodine deficiency disorders once occurred are irreversible.

The ICCIDD is working towards enlarging the collective by forging alliance of Public Health personnel, Educational Institutions, Policymakers, Administrators, Voluntary Sector, Industry, and other professional groups to realize the vision of physical and mental development of faculties of children to the fullest measures. Towards this, we offer our contributions and collaboration with the educational network of Navodaya Vidyalaya Samiti through the IEC (Information, Education, Communication) programmes.

It will be our pleasure to **meet you, make a presentation and discuss** more on the possible avenues of working together.

Looking forward to hearing from you.

Yours sincerely,

Dr. Chandrakant S. Pandav
Secretary – ICCIDD &
Additional Professor – Centre for Community Medicine
All India Institute of Medical Sciences

Report – Part I

Iodine Deficiency Disorders (IDD) Awareness – 2003

An event as part of Global IDD Day-2003

Venue : National Headquarters
Bharat Scouts & Guides
Lakshmi Mazumdar Bhawan
16, Mahatma Gandhi Marg
I.P.Estate, New Delhi – 110 002

Date: Tuesday, the 7th October, 2003

ICCIDD and Bharat Scouts and Guides jointly organized a one –day programme on Tuesday 7th October 2003 in collaboration with Salt Commissioner Government of India, CCM, All India Institute of Medical Sciences, The Pathfinders, UNICEF& the Micronutrient Initiative. The theme was **"Iodine Deficiency Disorders (IDD) Awareness – 2003**". Scout Masters & Guide Captains (Teachers), numbering about 100, from all over Delhi attended the programme. The inaugural session had eminent speakers from different organisations who shared their experiences in iodine deficiency disorders elimination programmes**.**

The inaugural session started with the Scouts' prayer. This was followed by the welcome address and theme setting by Dr. Chandrakant S. Pandav. Dr. Pandav introduced the Chief Patron of ICCIDD – Shri Mohan Dharia, former Deputy Chairman, Planning Commission, Govt. of India and a respected personality in both political and social services circles. Dr. Pandav paid homage to late Prof. V.Ramalingaswami known as father of iodine deficiency disorders elimination programmes (IDDE) in India and recalled his contributions and the tutelage he had under him right from early days as a student of medicine. He also highlighted the crucial role of each dignitary and institutional representative present there towards the success of the programme.

DL Sharma- Director, BSG enthusiastically welcomed the audience as a group who showed zeal to do something concrete for the country by contributing towards sustainable elimination of iodine deficiency disorders. He recalled that when two years back ICCIDD initiated dialogue with BSG, there were doubts about the whole programme. These were cleared in the successive interactions with ICCIDD officials. He recalled the various programmes in which ICCIDD participated, especially at Pachmarhi, and at Raipur where more than 1400 tribal children from different parts of the country participated. Through literature, slides, presentations for 3 whole days awareness was brought about. It was then that BSG has decided to put this as the national project and associate in a larger way and this can bring awareness at grassroots level. He spoke to the audience about what is iodine, what are the consequences of iodine deficiency, how is it available, what is its role in brain development etc., how IDD is affecting people and in turn its effects on the growth and development of the youth of the country and how the programme schedule of the day would help to educate the BSG units and other members of Scouts and Guides.

S. Sunderesan, Salt commissioner, enunciated that salt has universal applicability. It is also called the fifth element. It is not merely a commodity. It has vast industrial applicability. Decades earlier the British suppressed production of salt and levied duty in India and imported salt to the country. Today India is ranking 3rd in the production of salt in world. Salt is produced in coastal districts of Gujarat, Tamil Nadu, and also in the interiors of Rajasthan. He stated that distribution is as important as production. So the job of Salt Commissioner is to monitor production conforming to standards as well as ensure availability everywhere. The capacity for production and iodization of salt is adequate. The country has all other resources required for the production of salt such as raw materials, iodizing chemical, and transportation infrastructure – both rail and road. School children are one of the important stakeholders to achieve sustainable elimination of IDD, he pointed out.

Prof. Karmarkar talked about how the IDD elimination programme has passed through different stages and difficulties encountered in its implementation even though it has been in the country for 40 years. He requested the BSG to reach out at the grassroots level to educate the people about the negative consequences of IDD. He recalled the importance that salt has had in our country during the freedom struggle. Today we are using salt to prevent mental retardation as it is important to understand that we are focusing on prevention than cure. If adequate amount of iodine were not taken during pregnancy, it would result in irreparable damage. If one starts consuming iodized salt it will help in preventing from many of these in future life. He explained that Goitre is only the tip of iceberg. There many more serious forms of disorders attributable to iodine deficiency. It is very important that we make sure supply of adequately iodized salt to pregnant women and children. Therefore, it is necessary to have the universal programme. Universal salt iodization is very important for us. Teachers are effective communicators of this message. Teachers educate children and children in turn take this knowledge to their homes. He explained how training on practical tests conducted during the day for the teachers would help them to take it to the school environs and over a period of next 10 days to collect back the salt samples. Various types of salt are there: e.g. refined, packed, loose, crushed, crystal, rock salt.. Consumers look for iodized salt in cities. He stated that when people hear of iodized salt what comes to their mind is refined, packed, expensive salt. <u>This is a wrong perception. In fact, various forms salt can be iodized.</u>

He elaborated that people think that iodized salt is costly and not be affordable. So it is very important to communicate that any form of salt, which is adequately iodized, can be consumed. These simple messages are very important.

He recalled the question that people often raise on why salt as a vehicle. It is because this is only one commodity, which is taken by old and young, rich and poor, in every part of the country. It is consumed in a fixed quantity every day. He concluded saying that it is possible to reach everyone in our country with this message – " Iodine is one element, which has to be taken in the right amount everyday".

Dr. Eric Alain Ategbo, Project Officer, Nutrition, UNICEF-India shared the role of UNCIEF first in India and in global movement. Way back in 1956 UNICEF contributed the first iodized plant located in Sambhar Lake, Rajasthan. Dr. Ategbo stated that IDD is a problem in this developing country. He pointed out that even though

technology is available, and it is simple, cheap and safe, it should be utilized judiciously. He reiterated that UNICEF is privileged to be a part of this important programme and that we should not look back but forward. He recalled the motto of Scouts is to protect the weak. He emphasized the need to give message to school children to consume iodized salt and to spread the message. Joint efforts should be made to work for the elimination of IDD. UNICEF supports all programs of this kind as it ensures the rights of our children. He concluded saying that it is our duty to help India for a brighter future.

Dr. R. Sankar, National Programme Officer of the Micronutrient Initiative, addressed the audience about the issue of IDD elimination and its sustenance. He said that Micronutrient Initiative was set up to accelerate progress of sustaining elimination of iodine, iron and vitamin A. He emphasized that school is a platform where teachers educate the children and children educate their parents. Thus it is a powerful medium and has great potential. Through Scouts and Guides we can reach successfully at the grassroots level. He explained that MI is happy and privileged to collaborate with ICCIDD and BSG.

Mr. Mohan Dharia , in his Presidential address, emphasized the importance to defeat all the deficiencies in the country - illiteracy, poverty, malnutrition and make the nation free from wants. If we work hard with determination then we can achieve the goal of eliminating iodine deficiency disorders. He quoted the example of Kerala achieving 100% literacy rate. He emphasized that collaboration needs to be signed by children with love, sacrifice and it is only then that sustaining any programme, especially that concerns children, is possible. He expressed as to how proud he was of the associations and the activities carried out by them in programmes like afforestation, environmental protection campaigns and many such. He also shared his earlier doubts about the IDDE programme and now that it has been cleared, and the societal benefits understood, he assured his support for the same. He also shared that in his over seventy years of public life, it is the first time he accepted patronage of any organization.

Shri Mohan Dharia released the “20 Questions on IDD” in Hindi, which contains the general queries and information relating to iodine deficiency disorders.

Mr. LM Jain, National Commissioner, Bharat Scouts & Guides (BSG), in his inaugural address shared the privilege of supporting the government programme and serving the people through BSG. Mr. Jain restated that BSG is happy in collaborating with ICCIDD for elimination of Iodine Deficiency Disorders. It is something for the good of the entire people of the country. He recalled that he first learnt about IDD in Chandigarh, which falls, in sub-Himalayan terrain, in 1960 when the iodized salt started appearing in the market. He said that the success of the programme and the various challenges give us a feeling of involvement in a good public interest programme. He referred to Mr. Sunderesan’s talk earlier when he said that the resources are there and it is possible to provide iodized salt to the whole population of the country. He pointed out some of the problems being faced by small scale manufacturers. He also shared the misplaced view of some sections of the people who think that any salt is good. It is in these places that the BSG plays an important role. The teachers have to motivate, spread awareness in schools, among children and neighborhood. It is our duty to make them understand in a non-aggressive, persuasive manner. We want to spread this message to all. He emphasized that at the end of the

day participants should give a feedback of whether they are convinced or not. The aim is to bring about awareness in all parts of the country and we should be able to lend a strong helping hand.

Mr. Jain hoped that as a result of the collaboration between the ICCIDD and BSG, continued interactions between the groups will make the programme a success.

Dr. Chandrakant S. Pandav submitted the admission form for Fellowship of Bharat Scouts & Guides to the National Commissioner. The installation ceremony will take place later. While seeking admission, Dr. Pandav recalled with nostalgia his days as a pupil at the National Model School, Aga Khan Palace in Pune, he was a Sea-Scout for many years. It was while imprisoned at Aga Khan Palace that Mahatma Gandhi gave the call in 1942 for 'Quit India'. While at sea during these occasions, Dr. Pandav remembered Mahatma Gandhi's final call for freedom by picking up a fistful of salt from the beach of Kutch in Gujarat. Dr. Pandav highlighted the present scenario by stating that today instead of salt we say iodized salt. As salt gave freedom, iodized salt gives freedom from mental retardation.

The Technical session followed. In this session, the teachers were divided into two groups. All the teachers were given a set of 50 forms (retail shop), salt testing kit of 20 each, ten sets of "20 Questions" and a time table card with appropriate messages for each student. The first group was led by Prof. MG Karmarkar and Mrs. Suraksha Shukla and the other by Dr. Denish Moorthy and Mrs. Saroja Narayanan. In the former group, Prof. Karmarkar explained to the teachers about the form and the use of salt testing kits. And to the latter group Dr. Denish and Mrs. Saroja Narayanan explained the teachers about the collection of salt samples the date of submission of the form. Modalities for collection of salt samples from households and retailers were explained as also how to guide the children in this exercise. In these sessions the teachers actively participated and clarified various doubts regarding salt testing kit, forms etc. The results of the sample survey will be compiled on 20th October, 2003 at a function at the National Headquarters of BSG. Pupil-focused IEC material were displayed and distributed.

Shri K. Sukumara, Joint Commissioner, Bharat Scouts & Guides, who resourcefully coordinated all the activities at the BSG Headquarters concluded the programme by expressing hope this association would help in the elimination of iodine deficiency disorders.

Mrs. Saroja P., Joint Commissioner (Guides) extended helping hand wherever and whenever needed, especially the hospitality and comforts of the participants.

All Members of the ICCIDD Team and professionals and staff of Bharat Scouts & Guides were actively involved in the conduct of the programme.

Report – Part II

Iodine Deficiency Disorders (IDD) Awareness – 2003

An event as part of Global IDD Day-2003

Component: Compilation of Results of Salt Testing Results and Experience sharing by Teachers & Students

Venue : National Headquarters
Bharat Scouts & Guides
Lakshmi Mazumdar Bhawan
16, Mahatma Gandhi Marg
I.P.Estate
New Delhi – 110 002

Date: Monday, the 20th October, 2003

Background:

As a prelude to Global IDD Day observance on the 21st October 2003, a joint programme was organized by Bharat Scouts and Guides (BSG) and ICCIDD on Tuesday, the 7th October 2003 at the National Headquarters of BSG in New Delhi in collaboration with Salt Commissioner Government of India, CCM, All India Institute of Medical Sciences, UNICEF& the Micronutrient Initiative. The components of this are, broadly,:

- Training of about 100 Teachers (Scout Masters & Guide Captains) on Tuesday, the 7th October, 2003.
- Salt sample testing from 8th to 18th October and report compilation.
- Compilation of report on 20th October, 2003.
- Meeting the President of India: On a convenient day subject to confirmation of appointment.
- Media-exposure

The thrust of all these activities is to create mass awareness about iodine deficiency disorders and the importance of using iodised salt. as well as muster support of policy leaders for a cause of national importance.

Compilation of report:

Large numbers of teachers who had participated in the training and orientation programme of 7th October, 2003 assembled at the National Headquarters of BSG on 20th October, 2003. They brought with them test results of more 50000 samples. These samples were tested from 8th to 18th October, 2003.

Experience of Teachers and Students who went to test salt samples:

1. In certain parts of Delhi, one specific brand of iodised salt is being used even though other brands were also available. Since this brand showed presence of iodine in all samples tested, some teachers felt that they in indirectly popularizing this particular brand.
2. Students who went to test salt samples faced certain problems. Some shopkeepers questioned whether they are authorized to do this testing and if so who authorized them? Certain shopkeepers went to the extent of telling them to mind their own business.
3. Some shopkeepers were not willing to give samples of salt from packed salt packets as they felt that once the packet is open, they would not be able to sell that packet.
4. Some interesting experiences were observed amongst slum dwellers. When advantages of using iodised salt were explained to womenfolk and the salt tested from their household showed no iodine, these women immediately threw the salt stocks and purchased new salt, which showed presence of iodine.
5. Poor families purchased non-iodised salt for economic reasons.
6. Spurious products, fake packing, and surrogate selling of salt were evident.
7. Some families asked about other sources of iodine in natural form, e.g. seafood. These areas require proper educational and awareness programes.
8. Since this was BSG coordinated programme, school managements were not directly involved. While there was support and encouragement, some Principals wanted more share and involvement for better coordination.
9. Children and teachers wanted some incentives, e.g. “certificate of participation.”
10. Teachers wanted the Principals to be told about their involvement as well as to be asked to support for continued work.
11. In many cases, samples were to be purchased. Reimbursing cost thereof would encourage increased participation in future.
12. This one exercise has created and/or increased awareness and understanding of the programme among not only the pupils and educators, but also the public, especially the slum-dwellers.
13. Children’s involvement motivated parents.
14. Participants want to continue it as an ongoing programme in collaboration with and support of ICCIDD & BSG.
15. In spite of constraints like teachers involvement in election related duties, children’s half-yearly examinations, spread of dengue and festive season, the programme was a success and should continue.

Media-Coverage

Appropriate media-highlight was given. Carrying a good story on 21 October 2003 Delhi Edition of the National Newspaper, “The Hindu”, is an example.

Sustainability:

The teachers expressed willingness to enlarge the exercise to other areas enrolling more children, demanded more test result forms, and testing kits. These were provided immediately. More will be provided as and when required through Bharat Scouts and Guides.

Laboratory Activities

As part of its function as a reference laboratory for the region, ICCIDD undertakes analysis of urine samples, for urinary iodine concentration. Apart form the samples analyzed as part of the statewide surveys, ICCIDD also analyzed samples received from the Amrita Institute of Medical Sciences in Kochi, in the south Indian state of Kerala.

1) **Amrita Institute of Medical Sciences**

   The Department of Endocrinology at the Amrita Institute of Medical Sciences conducted a hospital based research study on thyroid function, in which urinary iodine was one of the indicators. A total of 956 urine samples were analyzed (median urinary iodine was 211.2 µg/L).

2) **Tamil Nadu Samples**

   As part of the statewide assessment of IDD status in Tamil Nadu, the ICCIDD Reference Laboratory analyzed 1228 urine samples. The Food Analysis Laboratories of the Government of Tamil Nadu, located at Guindy, Coimbatore and Palayamkottai, did the salt analysis.

3) **Orissa Samples**

   For the survey to assess the status of IDD in Orissa, the ICCIDD Reference Laboratory analyzed 1200 urine and 1200 salt samples. Internal Quality Control Protocols were already established in the lab.

4) **Bihar Samples**

   For the survey to assess the status of IDD in Bihar, the ICCIDD Reference Laboratory analyzed 1161 urine and 1199 salt samples.

5) **Goa Samples**

   The Goa survey entailed the assessment of 1200 urine and 1200 salt samples.

6) **EQUIP samples**

   In coordination with CDC's Global Micronutrient Laboratory Program, the Centers for Disease Control and Prevention (CDC) established the Ensuring the Quality of Iodine Procedures (EQUIP) program in January 2001. EQUIP provides laboratories with an independent assessment of their performance in analyzing urinary iodine. Currently, 4 U.S. and 37 international laboratories participate in the program.

7) Quality Assurance Programmes with Salt Manufacturers

ICCIDD is extending support to desiring Salt Manufacturers in terms of External Quality Assurance of their iodized salt testing laboratories, so that the manufacturers can keep a check on the level of iodine in their salt. Partners in the exercise can certify the product as having been certified by ICCIDD.

As part of the External Quality Assurance activity, the manufacturers sent five salt samples from three production sites, collected randomly on five different days, and analyzed at their laboratory, in the first two weeks of every month, to the ICCIDD laboratory at New Delhi. The Laboratory analyzed these samples and sent the results to the manufacturer's office at the end of each month. This will be compared with the results of analyses done at the manufacturer's lab. This was done every month for the whole year.

In addition, the ICCIDD laboratory sent five samples every month to the production site laboratories. These samples were analyzed six times and the results of the analysis were sent along with the samples, and also to offices of the manufacturers. The laboratory at the production site analyzed these samples in duplicate and sent the results to ICCIDD and the salt manufacturer's office. At the end of each month, the ICCIDD laboratory compiled the results and sent a copy to the manufacturer's office, along with any corrections that were needed.

Public Interest Litigation in the Supreme Court of India

From the report of 2002:

> *"The public interest litigation against the government of India for reinstating the ban on the sale and consumption of non-iodised salt came up for "final disposal" on Friday, 4th October 2002, before a three judge bench of the Supreme Court of India. The proceedings were short and succinct. The Three Judge bench was informed that a complaint on the same matter had been filed before the National Human Rights Commission (NHRC), an independent and highly respected human rights body. The Bench ruled that the National Human Rights Commission may kindly take up the matter and the PIL in the Supreme Court may be kept pending till the report of the Commission is placed before the Hon'ble Court.*
>
> *The Chairman of the National Human Rights Commission is a former Chief Justice of the Supreme Court of India. The Commission have an Expert Committee on Health that convenes to decide on issues related to health. The case records of the public interest litigation will be placed before the National Human Rights Commission."*

There has been change of top level functionaries at the National Human Rights Commission during the year. The new Chairperson Mr. Justice A.S.Anand. The New Secretary General is Mr. P.S.S.Thomas, IAS. Mr. Virender Dayal, Member of the Commission has since been retired. We look forward to having a report from the Commission to the Hon'ble Supreme Court this year which will facilitate the final judgement.

Second WHO/ICCIDD/CCM/AIIMS Inter-Country Workshop on Iodine Monitoring, Laboratory Procedures and National Iodine Deficiency Disorders (IDD) Elimination Programme
New Delhi, India

The Second Inter-Country Workshop on Iodine Monitoring, Laboratory Procedures and National Iodine Deficiency Disorders (IDD) Elimination Programme was conducted from 15th to 18th April, 2003 at the Centre for Community Medicine (CCM), All India Institute of Medical Sciences (AIIMS), New Delhi, India. This was jointly organized by WHO-SEARO and ICCIDD South Asia Region. *(The first Training Workshop was held from 17th to 21st Sept., 2002 wherein eight Laboratory Professionals from Bangladesh, Sri Lanka & India participated*).

Background: *This programme was organized in pursuance to the recommendations of Workshop conducted in May 2001 jointly by the Center for Disease Control, Atlanta and Mohidol University, WHO, MI, UNICEF, ICCIDD. This workshop was attended by 36 countries and 600 participants and the concept of global network of iodine monitoring laboratories was formed. It was decided that the network of laboratories at National and Regional level linked to CDC Atlanta will be established. The meeting of these 16 laboratories chosen initially by CDC Atlanta in collaboration with WHO, UNICEF, MI, ICCIDD as reference laboratories was held at Cape Town, South Africa in November, 2003. One of the recommendation was that these Regional, National level laboratories should conduct training programme for iodine estimation in salt and urine for other laboratories in the region or at sub-national level as a capacity building and for development of network of laboratories at the Regional or National Level.*

Workshop Objectives

1) *To discuss with the participants the relevant issues regarding sustainable elimination of IDD at national level programmes.*
2) *To train the participants in the estimation of iodine content of salt and urine with hand on experience.*
3) *To discuss with participants the concept of annual cyclic monitoring for Monitoring and Evaluation National Programs for sustainable elimination of iodine deficiency disorders .*

Participants

There were six participants, one each from Bhutan, Indonesia, Maldives, Myanmar, Nepal and Thailand. A brief profile of the delegates is enclosed. The group photograph of the participants and resource persons is also enclosed.

Workshop Summary

The inaugural session was held on the 15th April 2003. Prof. P.K. Dave, Director, All India Institute of Medical Sciences (AIIMS), New Delhi, India was the Chief Guest. Prof. Dave, highlighted in his address the various achievements of AIIMS in the Asian Region in the area of IDD elimination programme over the last 50 years. He also spoke about the contributions AIIMS has made in the past and continue making at present. He recalled the contributions of late Prof. V.Ramalingaswami, and his team in the pioneering work known as "The Kangra Valley Experiment" which laid the foundations of IDDE programmes in India. He also mentioned about the appointment of Dr. Chandrakant S. Pandav as the 'focal point' at AIIMS for IDDE programmes considering his sustaining and longstanding contribution to the cause of elimination of IDDE. Prof. M.G. Karmarkar highlighted the background of this workshop including formation of IRLI and its concept. Dr. Rukhsana Haider, Regional Adviser Nutrition and Food Safety, WHO-SEARO, Dr. R.Sankar, National Programme Officer of the Micronutrient Initiative and Dr. Rajiv Tandon, Country Representative, MOST (The micronutrient arm of USAID) addressed and enlightened the gathering on the "Laboratory Monitoring & IDD Elimination – Perspective from International Organisations". The speakers emphasized their respective organisations' commitment to the cause of elimination of IDD.

Each delegate made a presentation of current status of IDD programme in their respective countries. Each presentation was followed by detailed discussion and possible amendments as well as research question which can be raised. Next three days were devoted to discussion on theoretical background on the methodologies used for estimation of iodine in salt and urine and the choice of the methods, its advantages and disadvantages. This was followed by 'hands on' training for all participants individually for estimation of iodine in salt and urine and detail elaboration of internal quality assurance programme. The exhaustive Training Manual was given to the delegates. Contents list of the manual and the training schedule are enclosed.

The valedictory session was held on the 18th April, 2003. The occasion was marked with critical evaluation of the training programme and experiences of the delegates. The delegates shared their intense learning experience during the training and opening up of new vistas into their working. Their commitment to the cause of IDDE was evident when each one of them spoke at this session about fully utilizing the knowledge gained at the workshop towards sustainable elimination of IDDE in their respective country. The gathering included Dr. Werner Schultink, Chief of CDN Section of UNICEF-India, New Delhi, Dr. Rukhsana Haider, Dr. R.Sankar, and Prof. M.G.Karmarkar and Dr. Chandrakant S. Pandav of ICCIDD. The ICCIDD India team also extended warm welcome to Dr. Werner Schultink as this was his first formal activity in Delhi after joining UNICEF, India with both AIIMS and ICCIDD. The ICCIDD Team looks forward to consolidation of historic links with UNICEF-India since 1985 and further expand it in other areas as well.

In addition to lead technical role, the ICCIDD team also provided the logistical and administrative facilitation for the programme.

It was laudable that at the valedictory session all the international agencies, while summing up the progress and achievements in the region, promised their continued support for the elimination IDD in the region.

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Second Inter-Country Workshop on Iodine Monitoring, Laboratory Procedures and Iodine Deficiency Disorders (IDD) Elimination Programme New Delhi, India
15th – 18th April 2003

Session I: Inaugural Session

Date : Tuesday, 15th April 2003
Time : 09:30 – 11:15
Venue : Main Lecture Theatre, Centre for Community Medicine, AIIMS

Chief Guest: **Prof. P.K. Dave,** Director, All India Institute of Medical Sciences

Time	Presentation	Presenter
09:30 - 09:35	Welcome	**Prof V P Reddaiah**, Prof & Head, Centre for Community Medicine, All India Institute of Medical Sciences
09:35 - 09:45	Theme Setting	**Prof Madhu G Karmarkar**, Senior Advisor, ICCIDD
Laboratory Monitoring & IDD Elimination – Perspective from International Organisations		
09:45 - 10:00	The World Health Organization	**Dr Rukhsana Haider**, Regional Advisor, Nutrition and Food Safety, WHO-SEARO
10:00 - 10:15	The Micronutrient Initiative	**Dr R Sankar**, National Programme Officer, MI
10:15 - 10:30	MOST India, the USAID Micronutrient Programme	**Dr Rajiv Tandon**, Country Representative
10.30 - 10:45	Address by **Chief Guest**	**Prof P K Dave**, Director, AIIMS
10.45 - 11:00	Message from **Indian Council of Medical Research**	**Representative** of ICMR
11.00 - 11:15	Vote of Thanks	**Dr Chandrakant S Pandav**, Regional Coordinator, Southeast Asia, ICCIDD

11.15 - 11.30: Refreshments

Session II: Background Presentation

Date : Tuesday, 15th April 2003
Time : 11:30 – 13:30
Venue : Seminar Room, Centre for Community Medicine, AIIMS

Time	Presentation	Presenter
11.30 – 12.00	Screening of Documentary Film on Iodine Deficiency Disorders "Trishna"	
12:00 – 13:30	Iodine & Thyroid Hormone – Physiology & Biochemistry	**Prof M G Karmarkar** **Dr C S Pandav** **Dr Denish Moorthy** **Mrs. Suraksha Shukla**
	Iodine deficiency – Mechanism	
	Spectrum of IDD & it's Consequences	
	Epidemiology – Worldwide & India	
	IDD Control – Why and How?	
	Monitoring IDD Control	
	Indicators to measure IDD status	

13.30 - 14.30: Lunch

Session III: Country Presentations

Date : Tuesday, 15th April 2003
Time : 14:30– 16:30
Venue : Seminar Room, Centre for Community Medicine, AIIMS

Co-Chairs: Prof Madhu G Karmarkar & Dr C S Pandav

Time	Presentation	Presenter
14:30 – 14.45	Current Status of IDD in Bhutan	**Mr. Sonam Wangchuk** Laboratory Technologist Public Health Laboratory Health Department, Thimpu
14.45 – 15.00	Current Status of IDD in Indonesia	**Mr Untung Supariadi Widodo** Chief, Operating Office IDD Research Unit Centre Nutrition & Food Research and Development Ministry of Health Republic of Indonesia, Jakarta
15.00 – 15.15	Current Status of IDD in Maldives	**Ms Airshaft Nail** Laboratory Technologist Public Health Laboratory Ministry of Health, Male
15.15 – 15.30	Current Status of IDD in Myanmar	**Dr Swe Swe Hlaing** Medical Officer (Nutrition) IDD Programme, Department of Health, Yangon

Time	Presentation	Presenter
15.30 – 15.45	Current Status of IDD in Nepal	**Mr Agenda Dakota** Medical Technologist National Public Health Laboratory Department of Health Services Ministry of Health HMG of Nepal, Kathmandu
15.45 – 16.00	Current Status of IDD in Thailand	**Mr Vorachart Dhananiveskul** Medical Scientist Level 5 Nutrition Division Department of Health Ministry of Public Health Bangkok

Session IV: Estimation of Iodine in Salt

Date : Wednesday, 16th April 2003
Time : 09:30– 17:00

Venue : ICCIDD Salt Iodine Estimation Laboratory, Shahpurjat, New Delhi

Time	Presentation	Presenter
09:30 – 13.00	Basic principles of laboratory procedures for estimation of iodine in salt including preparation of reagents and precautions to be followed	**Prof M G Karmarkar & All participants**
13.00 – 13.30	Quality assurance in laboratory procedures	**Dr Denish Moorthy**

Lunch: 13.30 – 14.30

Time	Presentation	Presenter
14:30 – 15.00	Practical demonstration of iodine estimation in salt	**Mrs. Suraksha Shukla**
15.00 – 17.00	Individual salt iodine estimation	**All Participants**

Session V: Estimation of Iodine in Urine

Date : Thursday, 17th April 2003
Time : 09:30– 17:00

Venue : ICCIDD Reference Laboratory, Centre for Community Medicine, AIIMS

Time	Presentation	Presenter
09:30 – 13.00	Basic principles of laboratory procedures for estimation of iodine in urine including preparation of reagents and precautions to be followed	**Prof M G Karmarkar Dr Denish Moorthy All participants**
13.00 – 13.30	Quality assurance in laboratory procedures	**Dr Denish Moorthy**

Lunch: 13.30 – 14.30

Time	Presentation	Presenter
14:30 – 15.00	Practical demonstration of iodine estimation in urine	**Dr Denish Moorthy**
15.00 – 17.00	Individual urine iodine estimation	**All Participants**

Session VI: Concluding Session

Date : Friday, 18th April 2003
Time : 09:30– 16:00

Venue : Seminar Room, Centre for Community Medicine, AIIMS

Co-Chairs: Prof Madhu G Karmarkar & Dr C S Pandav

Time	Presentation	Presenter
09:30 – 12.00	Presentation of country proposals for tracking progress of IDD control programs using WHO/UNICEF/ICCIDD methodology	Prof. M.G. Karmarkar Dr. C.S. Pandav Dr. Denish Moorthy
12.00 – 13.30	Presentation of Certificates, Mementos, Valedictory Ceremony	Dr. Werner Schultink Dr Rukhsana Haider Dr R Sankar Prof. M.G. Karmarkar Dr. C.S. Pandav

Lunch: 13.30 – 14.30

Time	Presentation	Presenter
14.30 – 15.00	Establishment of the South East Asia Regional Network of Laboratories	**All Participants** **All Resource Persons**
15.00 – 16.00	Future Plan of Action	**All Participants** **All Resource Persons**

Table of Contents

Second Inter-country Training in Assessing and Monitoring the Iodine Content of Salt

15-18 April, 2003

Organised by: **WHO-ICCIDD-AIIMS**

Delegates:

S.No	Name/Designation	Country / Organisation
1	Mr. Sonam Wangchuk Laboratory Technologist	Public Health Laboratory Health Department Thimphu, Bhutan
2	Mr. Untung Supariadi Widodo Chief, Operating Office	IDD Research Unit, Centre Nutrition & Food Research and Development Jakarta Republic of Indonesia
3	Ms. Aishanth Naila Laboratory Technologist	Public Health Laboratory Ministry of Health Maldives
4	Dr. Swe Swe Hlaing Medical Officer (Nutrition)	IDD Programme, Department o Health Yangon, Myanmar
5	Mr. Agandhar Sapkota Medical Technologist	National Public Health Laboratory Department of Health Services Ministry of Health, HMG of Nepal, Kathmandu
6	Mr. Vorachart Dhananiveskul Medical Scientist Level 5	Nutrition Division Department of Health Ministry of Public Health Bangkok, Thailand

Tracking Progress Towards Sustainable Elimination of Iodine Deficiency Disorders in Nepal

A Report by ICCIDD Team

Programme Organised by:

Dr. Chandrakant S. Pandav
Regional Coordinator
ICCIDD – South Asia Region

The team:

Mr. Peter Parekattil

Mr. M. Das

New Delhi **May, 2003**

Tracking Progress Towards Sustainable Elimination of Iodine Deficiency Disorders in Nepal

Report of the Kathmandu Visit

1. Background: In the various conferences and workshops in the recent past, there was increasing felt need for incorporating various groups into the NGO network and consolidating the existing ones. This was highlighted prominently in all the Regional Workshops on "Annotated Bibliography", for sustaining iodine deficiency disorders elimination programme. Consistent recommendations were made on the role, responsibility and potential contributions of civil society. It could be testified from later experiences that a programme like IDDE, mostly planned and implemented by public health professionals can be effectively supported by other systems of network. An example is our partnership with Bharat Scouts & Guides (BSG) with a national networking of students, numbering about four million. By our regular interaction with BSG, the message is spread far and wide through school children as also BSG officials. Another example is working through the panchayati raj (local self-government system). Because of the grassroots level involvement, the message is going down to rural and localized areas.

2. Rationale: Having experienced success in carrying out the programme through civil networking groups along side public health professionals – which is already strong and sustaining – it was considered to introduce the concept to other countries of the region. Accordingly, we have discussed the possibilities of collaboration with Nepal Scouts and Guides with our national collaborator, the Bharat Scouts and Guides. The Director of Bharat Scouts and Guides took initiative to introduce our team as well as the experience of partnership in the area of IDDE programmes to the Nepal counterparts. At around the same time, interest was noticed from a voluntary group in Nepal. For example, the e-mail from Mr. R.P.Joshi, Chairman of Micro Nutrition Nepal, included in report section, was sent to Dr. John T. Dunn, Executive Director, who as always copied it our office.

3. Initiative: After due evaluation, the ICCIDD team member with exposure in the field of networking and alliance building was deputed to visit Kathmandu for preliminary assessment and process initiation.

4. Dates of Visit: The visit was organized from 22nd to 26th May, 2003. During the visit, the ICCIDD team member visited various groups and persons.

5. The Report: The impression gained is that of potential collaboration with NGO groups in Nepal.

5.1 Nepal Scouts and Guides: Met Mr. R.P.Pandey International Commissioner and Mr. Valli, National Secretary at the Headquarters at Lainchour, Kathmandu. They were quite enthusiastic to know about the ICCIDD and BSG collaboration on such an important programme.

Their information on IDD is limited to goitre and were keen to learn more about the problems and preventive measures and that how the Scouts and Guides can play lead roles.

Their group keep coming to India for various programmes of Bharat Scouts and Guides, especially at the training centre at Pachmarhi. Nepal Scouts and Guides is willing to work with ICCIDD. One suggestion from them was that of holding a session during the visits of their team to the Bharat Scouts and Guides headquarters.

Samples of posters and other samples of IEC materials like school time table, name slips and salt testing kit supplied to Bharat Scouts and Guides by the ICCIDD were given to them. They promised to prominently exhibit these at the Headquarters.

Potential of collaboration and partnership with Nepal Scouts and Guides is promising. However, unlike the Bharat Scouts & Guides, the Nepal Scouts and Guides are more concentrated in the urban settings. *We learnt about this from other sources.*

5.2 Micro Nutrition Nepal (MINU): Met Mr. R.P.Joshi Chairman of Micro Nutrition Nepal, abbreviated as MINU. He was earlier with the Salt Trading Corporation of Nepal, and is aware of the IDDE programmes both in Nepal and other countries. The organization is already working with school children. Mr. Joshi, is also Chairman of a private school group and is keen to enroll these students into the programme. He is a Rotarian and is said to have undertaken various developmental programmes with the support and / or collaboration of Rotary Japan and U.S.A. He said that some of their achievements have been mentioned in the Rotary Wall. (He had earlier written to Dr. John T. Dunn for mailing the ICCIDD Newsletter).

This NGO is a body of professionals belonging to various disciplines, including doctors. The services of ICCIDD is sought in training and orienting its members and also other groups in promoting consumption of iodized salt for elimination of IDD. While Nepal has good IEC materials, support in its dissemination will be of help in taking the programme further ahead with the larger community. According to Mr. Joshi there are opportunities for networking of professional groups and is keen to coordinate.

Mr. Joshi proposed that we make a presentation as well as screen the documentary 'Trishna', on Sunday the 25th May, 2003 to senior school children of Lalitpur. This did not take place, as there was some problem in the school. (It was seen from newspaper reports that private and boarding schools in Nepal were closed in protest against Maoist students unions activities).

5.3 The MI, Nepal : Met Mr. Macha Raja Maharjan, National Programme Officer of The MI, Nepal. The IEC material available has been collected – hessian shopping bag and posters.

A study team with him has plans to visit salt production and iodization centres in Gujarat in the month of June, 2003. This is aimed at having first hand information on the iodisation process and preservation of iodine in the salt. He was invited to visit with the delegation our office for further support and information.

Mr. Maharjan reminded about the quality control protocol which he had earlier requested for.

5.4 Indian Embassy: Appointment was fixed with Mr. Jawed Usmani., Minister (Economic Cooperation) at the Indian Embassy at 4 p.m. On reaching there, his Secretary informed that the meeting would not be possible for reason of another meeting of Mr. Usmani. Therefore, the suggested meeting with Nutrition Section of SAARC office could not be progressed.

5.5 Nepal Engineering College (NEC): Met Prof. Deepak Bhattarai, Principle and Prof. Bikram K. Ratha of Nepal Engineering College. They are preparing a project for Telepreventive Medicine as part of their programmes of IT. The NEC is looking for support in this area.

5.6 Mr. P.L. Singh: Briefly met Mr. P.L. Singh the former Mayor and Member of Parliament from Kathmandu. (He is the son of Ganesh Man Singh, former Prime Minister and respected political figure of Nepal.). He is also the former Minister of Environment. Currently he is working on an NGO for developmental programmes and welfare of the elderly. There is a possibility to discuss collaboration and networking and introduce IDDE programmes through his set up.

6. Proposed Plan of action:

6.1 Continue dialogue with various groups
6.2 Conduct Information Dissemination programmes with NGO Workers
6.3 Help NGO groups in forming networks and introduce these groups with Public Health Profession groups.
6.4 Organize Training Programmes for Nepal Scouts and Guides in consultation with Bharat Scouts and Guides at New Delhi and other locations
6.5 Conduct induction programmes for children in the same pattern as we did for Bharat Scouts and Guides.
6.6 Promote information sharing by BSG to NSG on programmes with ICCIDD.
6.7 Participate in the integrated programmes of BSG & NSG.

7. List of persons met during Kathmandu Visit

7.1
Mr. Ram Prasad Joshi
Chairman
Micro Nutrition Nepal (MINU)
30, Kwako, Lalitpur – 11
Nepal

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7.2
Mr. R.P.Pandey
International Commissioner
Mr. Valli
National Secretary
Nepal Scouts & Guides
Lainchour
Kathmandu, Nepal

7.3
Mr. Macha Raja Maharjan
National Programme Officer
The Micronutrient Initiative
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7.4
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7.5
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Consultative Meeting on Micronutrient Programming for Afghanistan

The Consultative Meeting on Micronutrient Programming for Afghanistan was organized in Kabul from 9th to 11th March, 2003 under the aegis of UNICEF. Dr. Chandrakant S. Pandav, the Regional Coordinator has participated in the Consultation. This evinced a lot of interest there for support for their activities relating to micronutrients in general and IDD elimination programmes in particular.

Bi-Regional Consultation to promote sustainable Iodine Deficiency Disorders Control Programmes in South East Asia and Eastern Mediterranean Regions

Chiang Mai, Thailand, 24 to 27 June 2003

The Bi-Regional Consultation to promote sustainable Iodine Deficiency Disorder Control Programmes in South East Asia and Eastern Mediterranean Regions was held in the northern Thai city of Chiang Mai, between 24th and 27th June 2003.

Fifty-four participants from fourteen countries, ten from the South East Asia region and four from the Eastern Mediterranean Region, and from the United Nation's agencies, including the World Health Organization and United Nation's Children's Fund, and ICCIDD attended the meeting. Dr Sangsom Sinawat, Dr Quazi Salamatullah and Dr Denish Moorthy from ICCIDD were also present.

The meeting spread over four days included 4 day long sessions:

1) The Inaugural Session followed by Background Presentations
2) The Field visit
3) The Working Groups
4) Final Session

The inaugural session included welcome addresses by Associate Professor Songsak Sirianujata, Director, Institute of Nutrition, Mahidol University, Deputy Director, Research Institute of Health Sciences, Chiang Mai University, the local hosts for the Consultation, messages from the Regional Director of the World Health Organization South East Asia and Eastern Mediterranean Region, read out by Dr Richard B Kalina and Dr Kunal Bagchi, respectively.

After the introduction of the participants, the background presentations included presentations on IDD by Dr. Bruno deBenoist, overview of IDD in the South East Asia region by Dr Rukhsana Haider and overview of IDD in the Eastern Mediterranean region by Dr Kunal Bagchi. Success stories in the two regions included the IDD Control Program in Bhutan by Dr Gyambo Sithey and the IDD control Program and activities in the Tunisia by Dr Masmoudi Nabli Mounira. Other presentations included a study done by Prof Rajata Rajatanavin of Mahidol University on comparison of multiple indicators in assessing IDD status, and research on the different aspects of IDD by Dr Ampica Mangklabruks of Chiang Mai University.

The second day involved a field trip to the Lampang Province, which has successfully eliminated IDD, with a present coverage of adequately iodized salt of over 95% and total goitre prevalence less than 0.2%. The key components of the program in the province that were emphasized was an excellent school health system, made evident through a school visit, and a network of dedicated salt producers, as seen during a visit to a salt iodisation plant in the province.

The third day was the session where the working groups sat together to debate on the issues related to sustainability of IDD control programs. Dr Sangson Sinawat, Nutrition

Division, Ministry of Public Health, Government of Thailand and National Coordinator, Thailand, ICCIDD chaired this session. The participants were divided into three groups – **Group A** to discuss aspects on **Monitoring and Surveillance**, **Group B** to discuss on issues related to **Policy, Legislation, Communication and Awareness**, and **Group C** on **Quality Assurance**. The Group Chairpersons were Dr Noureddine Chaoukhi, Government of Morocco, Dr (Ms) Rachmi Untoro, Ministry of Health, Republic of Indonesia, and Dr Robabeh Sheikholeslam, Islamic Republic of Iran, for Group A, Group B and Group C, respectively.

The Working Group Presentations were made on the fourth day. This session was also chaired by Dr Sangson Sinawat, Dr Sinawat made a brief statement as the ICCIDD Representative, outlining ICCIDD's pledge and mission to provide its technical expertise to making the IDD Control programs sustainable

The core group, which included the chairs of the three groups, Dr Robabeh Sheikholeslam, Dr Noureddine Chaoukhi, and Mr K V S Rao (for Dr (Ms) Rachmi Untoro), along with Dr Bruno deBenoist, WHO Geneva, Dr Rukhsana Haider, WHO-SEARO, Dr Sangsom Sinawat, ICCIDD & Ministry of Public Health, Government of Thailand, Dr Kunal Bagchi, WHO-EMRO and Ms Maria Anderssen, WHO Geneva, put together the recommendations of the Groups and presented a consensus statement, presented by Dr. Rukhsana Haider, Nutrition Advisor, WHO SEARO. The key points included:

1) **Country Assessment**: Due to paucity of national level representative data, a national assessment of each country is advised, so as to make modifications to the implementation of the national IDD control program.

2) **Data Organization**: The available data from most countries needs to be refined and presented in a standardized fiormat.

3) **High Risk groups**: The urinary iodine distributions in high risk groups, including school age children, adolescent age groups and pregnant women and SAC and pregnant women needs to be collected, as the focus now shifts from goitre prevention to prevention of brain damage.

4) **Salt Iodization Protocols**: There is a need for simplified guidelines for ensuring the adequacy of iodine content in salt and the quality of salt, for the salt manufacturers.

5) **Legislation**: Most countries are facing problems in the enforcement of salt quality in the absence of legislation. There is an expressed need for mandatory salt iodisation in the regions.

6) **Review of legislation**: With respect to the fines and punishments, in countries that have a mandatory salt iodisation policy, there is a need to review the legislation so that practical aspects of enforcement are considered.

7) **Food Fortification**: Processed food manufacturers use salt that is not iodised. They need to come under the purview of the Salt iodine standards.

Studies to explore other food fortification avenues need to be explored, for specific target groups

8) **Partnership** between agencies of the government and non-governmental organizations need to be encouraged.

9) **Educational Campaigns**: Information, Education, Communication (IEC) campaigns to educate the public need to be implemented alongside legislation.

10) **Regional level fund**: There is an communicated need to have a regional level fund for IDD activities, to supplement the national funding

11) **Use of Existing Infrastructure**: The existing national infrastructure for monitoring, including laboratory, should be strengthened, and strategy and resources are to be developed. If they need to be established, the support of the government and their interaction with the agencies is crucial.

12) **Salt Production**: The small scale salt producers need to be supported with infrastructure development, including salt iodisation plants, potassium iodate, and training in quality control and assurance.

13) **National guidelines**: The clearly defined national guidelines for IDD, in line with the internationally recognized WHO / UNICEF / ICCIDD Guidelines need to be brought out in print.

14) The resource laboratories of the **International Resources Laboratories for Iodine (IRLI) network** need to integrate with the national and sub-national networks to ensure quality of field data and laboratory analysis in the regions.

15) **External Assessment initiative**: The Network for Sustained Elimination of Iodine Deficiency Disorders receives requests for an External Assessment of a country's National IDD Control Program. Countries are encouraged to approach the network for assessment, after conducting an internal assessment in all aspects of the program.

The meeting ended with a vote of thanks from the Organizers and the participants.

Extract of Report of Bi-Regional Consultation held in Chiang Mai, Thailand, 24-27 June 2003

PROMOTION OF SUSTAINABLE IODINE DEFICIENCY DISORDERS CONTROL PROGRAMMES IN WHO SOUTH-EAST ASIA AND EASTERN MEDITERRANEAN REGIONS

1. INTRODUCTION

Iodine deficiency is the world's most prevalent – yet easily preventable – cause of brain damage. Today we are on the verge of eliminating it – an achievement that will be hailed as a major public health triumph, ranking together with smallpox and poliomyelitis.

Iodine Deficiency Disorders (IDD) causes brain disorders, cretinism, miscarriages and goiter. Iodine nutrition is crucial during pregnancy to ensure the healthy mental development of the foetus. Serious iodine deficiency during pregnancy may result in stillbirths, abortions, and congenital abnormalities such as cretinism, a grave, irreversible form of mental retardation. Of far greater global and economic significance, however, is IDD's less visible, yet more pervasive level of mental impairment that lowers intellectual prowess at home, at school, and at work.

The magnitude of the problem in this Region is evident by the recent estimates that 172 million people are affected y goiter in South East Asia, and another 600 million (41 % of the population) are at risk for developing IDDs. In nine out of the 11 Member Countries (which have provided data), IDD remains a public health problem in varying degrees. While countries like Thailand and Bhutan have virtually eliminated IDD, in other countries like Bangladesh, India, Maldives, Nepal, and Sri Lanka, significant proportions of the populations remain at risk, without access to adequately iodized salt. The proportion of households consuming adequately iodized salt is 95% in Bhutan, 79% in Thailand and 49% in Sri Lanka and only 8% in Maldives. Unfortunately, Universal Salt Iodization (USI), is in place in only five Member countries.

The proposed WHO recommended global intervention strategy for the control of IDD is universal salt iodization (USI). While the strategy is relatively simple and cost-effective, many countries in the Region are struggling to form effective partnerships with the salt industry and to monitor sustainable provision of adequately iodized salt to all communities. Regional constraints in the universal provision of iodized salt must be identified, and addressed. Efforts to avert the serious economic and health consequences of IDD need to be intensified.

2. OBJECTIVES

This Bi-regional Consultation aimed to share progress in the countries in implementing their IDD control programmes, and devise ways to meet the international goal of sustainable elimination of iodine deficiency disorders.

The specific objectives were:

(1) To review and discuss progress towards achieving USI in IDD programmes in countries of the SEA Region. These include:

- Mechanisms for quality assurance of iodized salt from production to consumer level, salt monitoring strategies, and how salt monitoring data is used and should be used to take follow-up action for programmatic improvement;
- IDD surveillance – the monitoring of IDD nutrition status, using clinical and biochemical parameters – and standardization of such surveillance as per WHO guidelines;
- Increasing and improving advocacy and awareness;
- Facilitation of partnerships with salt industries for addressing issues related to cross-border movement of salt, and
- Steps required for creating effective regulatory environments by improving legislation, compliance, and enforcement;

(2) To stimulate countries to accelerate the implementation of USI and sustain it thereafter, and promote technical collaboration for IDD elimination among countries, and

(3) To discuss mechanisms for strengthening the WHO-IDD network

3. INAUGURAL SESSION

Welcoming the participants, Prof. Thira Sirisanthana, Director of RIHES (address read by Dr. Sakda Pruenglampoo), and Dr Songsak Srinujata, Director of INMU said they were honoured to host the bi-regional consultation. Mr. Richard B Kalina, on behalf of the Regional Director, WHO-SEARO, Dr Uton Muchtar Rafei, and Dr Kunal Bagchi, on behalf of Dr. Hussein A. Gezairy, Regional Director, WHO-EMRO, gave the inaugural address. Dr Uton said that WHO plays a vital role in the fight against this serious public health problem in close collaboration with other agencies, Member Countries, donors and international organizations. Unfortunately, despite the collective effort for implementation of IDD intervention programmes such as salt iodization, IDD still remains a public health problem. Dr. Gezairy said that the devastating effects of IDD on the brain and physical development were only realized as a result of several consultations and discussions among technical experts. He expressed the need to give due recognition to Member States who have achieved success in the elimination of recognition to Member States who have achieved success in the elimination of IDD. He hoped that the Consultation Meeting would provide a unique opportunity to share experiences and exchange ideas to identify the future framework of action leading towards the goal of IDD elimination.

Dr. Rachmi Untoro (Indonesia) and Dr. Noureddine Chaouki (Morocco) were nominated Chairperson and Rapporteur respectively.

4. PROCEEDINGS

4.1 Session 1: IDD Programme Assessment – An Overview

Current IDD situation

Dr. Bruno de Benoist, (WHO/HQ) presented the current global IDD situation. He explained that the two main indicators used in the assessment of iodine nutrition were urinary iodine (UI) and total goiter prevalence (TGP). TGP reflected the past iodine status and was a good indicator to assess the situation and before starting iodine intervention. After interventions have been started, UI was recommended as the best indicator, as it reflected recent iodine intakes, and responded faster than TGP to intervention.

Some of the main reported findings were: 91% of school children were covered by The UI surveys whereas 80% were covered by TGP surveys; 68% of households worldwide had access to iodized salt; 35% or 272 million school-age children (SAC) had inadequate iodine nutrition.

By region, Europe had the highest proportion of SAC with median UI <100 µ/L (60%), followed by the Eastern Mediterranean Region (55%), and the lowest proportion was in the Americas (10%).

A regional overview of IDD in the Eastern Mediterranean Region (EMR)

A regional overview of IDD in EMR was presented by Dr Kunal Bagchi, starting with a history of the goiter problem in the Region. In this Region, 18 countries recognized that IDD was a problem; 17 had salt iodization programmes; 16 had legislation; 90% households in six countries had access to iodized salt; and IDD was under control only in two countries.

Dr Bagchi emphasized that Member Countries should ensure USI implementation in accordance with WHO/UNICEF/ICCIDD guidelines. The level of iodine must be standardized to 30 ppm. Exemption to customs levy and taxation must be provided. Training and skills upgradation on techniques of salt iodization, monitoring and quality control must be undertaken. Also, recognition should be given to countries with IDD-free status.

Status of USI and IDD control programmes in the South-East Asia (SEA) Region

Dr Rukhsana Haider presented the progress of countries to sustain the IDD control programmes in the SEA Region, based on the questionnaires that had been sent earlier to the national focal points. Approximately 172 million people were affected by goiter, and coverage by iodized salt was 70%. Most countries of the SEA Region had either mild to moderate IDD problem based on median UI. In the Region, Bhutan was the first country to have had an external assessment. At the time of the Consultation, they were waiting for the certification from WHO and UNICEF, declaring that Bhutan had successfully eliminated IDD.

Countries were requested to collect and provide the latest and correct data as there were some inconsistencies in their reports (e.g. Bangladesh had sent 1993 data, although a survey had been conducted in 1999). Field visits showed that the iodine content of the

same brand of salt at retail stores could vary from 30 ppm to nil. The need to revise legislation enforcement was stressed as fines imposed by governments seemed very low for some countries (e.g. Rs 500 in India, to as high as US$ 30,000/- in Indonesia.

Progress since 2000 (the SEA-IDD meeting in Thailand) showed that most of the countries had political commitment (formulation of legislation and regulations), continued to develop and distribute IEC materials; involved salt producers in advocacy meetings and trainings, and had monitoring systems in place. But many countries reported that the enforcement system did not achieve the goals set by the governments. Although recommended, nothing specific was done to address cross-border issues.

Dr. Haider stated that as many countries depended on imported salt, legislation and enforcement must be strengthened. The variability of iodine content at production level needed to be reviewed and standardized, and more impact indicators should be considered for surveillance. She emphasized that the pace would definitely need to be stepped up if IDD elimination was to be achieved by 2005.

Surveillance of iodine nutrition in a population

Dr de Benoist made a presentation on the objectives, and use of the iodine nutrition surveillance and indicators to monitor progress. Iodine nutrition surveillance was required to assess the IDD situation, its magnitude and severity, and to monitor and evaluate programmes for IDD control. The information obtained could serve as an advocacy tool to increase awareness of public health authorities to reformulate strategies for IDD control, track progress towards national and international goals, maintain databanks at national and global levels, and serve as a driving force for the health surveillance system, and for verification.

The IDD control programme impact indicators (clinical and biological) to determine the iodine nutrition of the population, process indicators (through measurement of salt quality and household intake) and the programmatic indicators were discussed. WHO recommends Median Urinary Iodine (MUI), and probably Thyroid-Stimulating Hormone (TSH) and thyroglobulin measurement for future consideration. IDD could be defined as a public health problem if total goiter prevalence was above 5%, or MUI below 100 µ/l in more than 50% of the population, or MUI below 50 µg/l in more than 20% of the population.

Dr. de Benoist presented the criteria of a national IDD surveillance system operation such as reliability of data, the necessary mechanism for networking among major stakeholders, integration of the system, and programme sustainability.

He then went on to explain that the objectives and rationale of the International Iodine Resource Laboratory Network for Iodine (IRLI) were to provide every country with the possibility of establishing effective IDD surveillance systems and improving the quality of laboratory measurements. Specifically, IRLI provided training; technology transfer; quality assurance programmes; analytical services; developed standards; and evaluated new methods, among others. To establish IRLI, it was necessary to agree on common goal and objectives, guidelines and common practices, with clear definition of criteria for establishing a network, an acceptance and support of the UN agencies, national government and network members.

Data reporting and standardization of data presentation were essential at both national and global levels. These were necessary to follow trends and progress towards the goals and objectives, allow comparison among countries, and facilitate exchange of information. At the national level, these were required to define the epidemiological profile and decide on the strategy to eliminate IDD. At the global/regional level, these were necessary to keep the international community informed about the severity of IDD and decide on the strategy for IDD control.

ICCIDD briefing/orientation

Dr Sangsom Sinawat, ICCIDD Coordinator, Thailand gave an orientation about ICCIDD, a non-profit, non-governmental organization, dedicated to sustainable elimination of IDD throughout the world. It was granted international NGO status during the forty-seventh World Health Assembly held in Geneva in 1994. The ICCIDD pledged its technical expertise to assist the countries for tracking progress towards sustainable elimination of IDD, in collaboration with the national government and with partnership agencies namely WHO, UNICEF, Micronutrient Initiative, and Programme against Micronutrient Malnutrition (PAMM).

4.2 Session 2: IDD Control – Challenges and Opportunities

Progress towards sustaining optimum iodine nutrition in Bhutan

Mr. Gyambo Sithey reported that Bhutan had made rapid progress since the 1960s, when IDD was a major public health problem. The outcome of the external evaluation was that the country met the WHO/UNICEF/ICCIDD 10 point indicators. He shared the lessons learnt during this process, which were:

- Strong commitment at the political level and from the salt producers was necessary
- A regular and periodic monitoring system must be in place
- IDD must be viewed as a social issue, and its control promoted as a social obligation with participation of various sectors including the community
- Technical and financial assistance was needed to sustain the programmes.
- Effective monitoring systems and structure must be established.

Iodized salt production for IDD elimination in Iran

Dr. Robabeh Sheikholeslam presented the Iran experience, stressing on iodized salt production for IDD elimination with political support, establishment of national and provincial IDD committees, focal point selection, preparation of a five-year development plan, and briefing of salt producers. In 2002, the last national survey was conducted on TGP and UI among school children, re-educational IDD evaluation and monitoring workshops were held, and the first iodized salt factory inaugurated in Afghanistan with the technical assistance of Iran. In 2003, provincial and regional re-education workshops on IDD evaluation and monitoring were planned for all medical universities of Iran.

Universal salt iodization programme monitoring

Ms. Karen Codling form UNICEF-East Asia and Pacific Regional Office (EAPRO), then presented the monitoring aspects for the universal salt iodization programme. In that region, China had the highest household coverage of iodized salt (90%).

She explained that the monitoring system must have clear guidelines for each activity; who was responsible; how to do the internal and external evaluation, different tools that might be used such as test kits, and titration must be defined. The frequency of data collection at the production level to measure adequacy, and the necessary follow-up actions were likewise necessary.

In addition to a well-defined mandate and authority to monitor, an integrated monitoring system must have a set of criteria for monitoring, and a system for linkage of data from different monitoring activities and administrative levels for optimal use of information. Ms Codling suggested that there might not be a need to conduct a national survey when the coverage of household consumption of iodized salt was known.

In the discussions, additional comments were made for monitoring at the iodization plant in order to check homogeneity of the iodization process. A suggestion was to evaluate 3-5 spots at different points on the salt pile and determine the mean. Even in the most computerized factory, using the technology to weigh and add the fortificant, the result may not be homogenous without proper mixing. Steps in iodization must be followed, such as checking first the formulation, the ration of salt and potassium solution, and then the time for the mixing process.

Iodine content of processed foods has not been checked yet, but half of the Asia-Pacific countries had legislation for food processing and animal salt. It was also important to include other food items such as food condiments e.g. fish sauce.

Multiple indicators for monitoring of iodine prophylactic programmes: Experiences in Thailand

Goitre prevalence in Thailand had decreased from 19% in 1989 to 2% in 2001, as reported by Professor Rajata Rajatanavin. Although there had been significant improvement in iodine nutrition, a study showed that iodine deficiency still existed in some pocket areas in Thailand. Iodine profile in Thailand was based on school children. If only school age children are the subjects for measuring iodine nutrition, this may not truly present the IDD status of the country. In a study done in Dansai where the goiter prevalence was high, multiple indicators were used for different age and physiological groups. The findings showed that iodine nutrition of children was within normal using palpation, ultrasound and urinary iodine excretion, but the group of adults aged more than 50 years with mild iodine deficiency in 1998 had increased to moderate status in 2003 despite the fact the IDD programmes were incorporated in routine activities.

Dr Rajata concluded that various indicators should be used for monitoring IDD control programmes. The quality of salt should be assessed in all salt factories and the upper limit of iodine in salt should be defined, not just the lower limit of 30 ppm.

IDD research in northern Thailand

Assistant Prof. Ampica Mangklabruks presented a summary of IDD research in northern Thailand from 1994-2000, focusing on four areas: intervention, goitrogens, laboratory methodology and monitoring. Oral iodized oil supplementation in reproductive age women from iodine deficient areas showed that 400 mg of iodized oil every 12 months was the most convenient and effective supplementation in mild iodine deficiency areas.

Reporting of national figures should be well defined. National data may reveal optimal iodine nutrition; however, at-risk areas should be given particular attention, particularly because of the implication in planning intervention programme. She too, emphasized the need for iodine nutrition of other vulnerable groups such as pregnant and lactating women.

Participants were concerned that as countries had meager budgets for health and nutrition, priority was given in allocating funds to tackle other emerging concerns such as HIV/AIDS, and SARS with resulting slack in IDD programme implementation. Advocacy was very essential, and solid technical information was necessary to promote the notion that IDD prevalence was a violation of human rights. Public awareness was likewise important to achieve community participation for sustainability of the programmes.

4.3 Second Day – Field Visit

Participants were taken to the nearby Lampang province, where first an orientation was provided by the Manager of the Electric Generating Authority of Thailand (EGAT) at the Mae Moh Mine. Environmental concerns were integrated in the operations of EGAT, for which they had received ISO accreditation. The area was declared goiter-free in 2000 with support form the EGAT which, together with the local health authority and with active participation of the community worked to achieve the objectives of the IDD and other programmes. Examples of the development programmes undertaken were: agri-business and livelihood, education and training, development promotion programme, health promotion, and drug prevention.

A summary of the IDD control programme in the upper northern region of Thailand was presented by Ms Boonyuen from the Nutrition Division, Ministry of Health. This was followed by a brief description by the Chief Medical Officer of how IDD had been controlled in Lampang Province. In 1996, as the goiter rate was below 3% and there was 100% coverage of iodated salt distribution in all villages, Lampang was nominated as an outstanding province in combating IDD problem and awarded a gold medal. In the afternoon, a nearby school was visited, where salt iodization of eggs was demonstrated by the persons running the project. The highlight of the day was a performance by the school children of the exercises they did every morning to “move for health”.

4.4 Session 3: Group Work

Dr. Sangsom Sinawat was requested to chair the sessions on the last two days. Participants worked in three groups to address the following topics: (i) Monitoring and Surveillance; (ii) Policies, Legislation, Communication and Awareness, and (iii) Quality Assurance.

Recommendations from the group work were compiled and prioritized by a small sub-committee comprising the WHO staff, the chairpersons and rapporteurs from each group, and the Chairperson of the session.

5. RECOMMENDATIONS

1) Salt iodization must be made mandatory for both human and livestock consumption in compliance with the recommendations made by WHO/UNICEF/ICCIDD in 196 for achieving the goal of elimination of Iodine Deficiency Disorders (IDD);
2) The possibility of fortifying other food vehicles with iodine, based on scientific rationale, for specific target groups could be explored, provided that it was regulated and the necessary monitoring of salt quality was in place;
3) Each Member State should conduct an assessment survey of prevalence of IDD on the basis of a standardized epidemiological protocol (as envisaged by WHO/UNICEF/ICCIDD 2001) which would allow comparison within and between countries of the regions;
4) Monitoring should be based on urinary iodine excretion in school age children (6-12 years) and when feasible, urinary iodine excretion in pregnant women should be measured, and assessment of TSH in neonates explored;
5) Member States should intensify the activity of monitoring the iodized salt quality process through the existing national infrastructure (including national laboratories, food inspectors, etc);
6) Based on existing documents already published by WHO/UNICEF/ICCIDD, simplified national guidelines for monitoring salt quality and urinary iodine should be developed specifically for salt manufacturers, laboratory personnel, and health inspectors;
7) Establishment of International Resource Laboratory Network should be supported in order to provide quality assurance in the field of IDD control;
8) The existing legislation and enforcement mechanism needed review and strengthening at regular intervals for facilitating the prevention and control of IDD;
9) Appropriate steps must be taken to strengthen the partnership between the Member States and the salt industry with the objective of improving production, ensuring proper salt quality control, coverage and price for the consumer by adopting various strategies including facilitating collaboration between salt producers;
10) Public education and awareness of decision-makers and the community on the importance of the control of iodine deficiency should be reinforced;
11) International bodies should consider establishing a fund at the regional level to support activities for IDD prevention and control and continue to support

holding regular regional/bi-regional consultations and operational research activities;

12) The assessment initiative launched by WHO/UNICEF with the technical support of ICCIDD should be supported by the Member States, and
13) Available date on IDD in the two regions should be defined and standardized and presented in a standardized form in the final report of the Consultation.

6. CLOSING SESSION

Dr. Rukhsana Haider on behalf of WHO, briefly thanked all the participants, the chairperson, rapporteur, and the organizers for making the consultation so interactive, and successful. In the concluding remarks, Dr. Emorn Wasantwisut, Deputy Director, INMU, on behalf of the local organizers reminded the participants that victory over the fight against IDD could not be declared until all the elements to sustain progress were in place. She commended the efforts of the WHO Regional Offices for initiating and supporting the bi-regional consultation meeting, congratulated the participants, and resource persons for breaking new ground in promoting sustainability of IDD control programmes, and thanked everyone for their valuable support to this undertaking.

Mr. Bejon Misra
Vice Chairman
Consumer Coordination Council
New Delhi

Dear Bejon,

Kindly refer to the telephonic conversation between you and Mr. Peter Parekattil of our group. We are happy to know that you are at present the Vice Chairman of the Council Coordination Council and sure that you will deliver a lot to the consumer movement in the country and outside.

We appreciate your interest in the programme and thank you for the readiness to initiate a programme for survey of pattern availability and consumption of iodised salt in the country. In order to plan further, a bulleted outline of the proposed programme is given below:

Nationwide Survey to assess:

1. Availability and accessibility of iodised salt in all parts of India, especially in rural and far-flung areas.
2. Level of iodine in the salt used for household consumption.
3. Packaging and storage conforming to laid down norms
4. Other parameters conforming to PFA Act / Rules
5. Whether quality checks by local govt. officials are conducted .. frequency etc……

Purpose:

1. Creating public awareness
2. Submit the report to Government of India (Ministry of Health, Ministry of Industry, Ministry of Food & Civil Supplies)
3. Publish the results for general information

Collaborating groups:

Consumer Coordination Council (CCC) and Indian Coalition for Control of Iodine Deficiency Disorders (ICCIDD)

ICCIDD can offer:

1. Prepare the protocol / questionnaire for survey and sample collection
2. Train the field staff in sample collection and demonstration and IEC programmes
3. Supply sachets for sample collection
4. Supply Survey forms
5. Laboratory Analysis of salt samples at ICCIDD Lab. New Delhi
6. Supply Salt Testing Kits for spot test of salt samples and demonstration

Time line: 8-10 months. Depending on your vast field experience, and our exposition also, we can earmark zones in four or five regions. Samples can be collected on a regular basis, spacing it evenly to facilitate laboratory analysis ad documentation.

We suggest that teams from CCC and ICCIDD meet at a suitable date and discuss further to plan further course of activities.

Will be much grateful if more details about the CCC could be given.

Looking forward to having fruitful association,

Dear Bejon,

You might recall that we have discussed in the recent past about having a nationwide survey of iodised salt. As a prelude to this we would like to discuss the possibility of presenting issues relating to Iodine Deficiency Disorders at events being conducted by CCC and / or member organisations at different parts of the country.

We shall be grateful for your views on our suggestion.

Looking forward to having our pending meeting soon, wherein we can chalk out a detailed plan of action,

Best regards,

Chandrakant

Sunita Narain
Director
Centre for Science & Environment
New Delhi

Dear Sunita,

We are planning to conduct a nationwide survey to ascertain the level of iodine content in salt at retailer and household level jointly with Consumer Coordination Council (CCC). A planning meeting will be held soon.

The major components of the proposed study will be:

1. Collection of salt samples from all over the country at retailer and household level
2. Laboratory analysis of salt samples to ascertain the level of iodine content in the edible salt.
3. Compare the results for conformity to laid down rules (PFA Act)
4. Publication of Report and dissemination of information

This being an important matter concerning the public health and also consumer rights, we would like to invite you to join in this exercise of public interest.

Looking forward to hearing from you.

Best regards,

Professional Network

National Network of professional: In order to give added accent to the programme and integrate more regional and localized initiatives and activities, a national network of professionals have been formed. The members of this network are playing a lead role in coordinating various activities.

The attached diagram indicates the national presence of our larger team .

1st May, 2003

Subject: Tracking Progress Towards Sustainable Elimination of Iodine Deficiency Disorders

Dear

Indian Coalition for Control of Iodine Deficiency Disorders (ICCIDD) is the National Chapter of the international apex body of International Council for Control of Iodine Deficiency Disorders, established in 1985, with headquarters in Ottawa, Canada. This is a multidisciplinary network of professionals.

ICCIDD is fully committed and dedicated to sustainable elimination of all forms of iodine deficiency disorders from the world. The major thrust is the preventive measures as the aforesaid changes once occurred in the human system are irreversible.
Spectrum of disorders caused by Iodine Deficiency are, mainly, Enlargement of the thyroid gland – Goiter**,** Cretinism, Psycho-motor incordination, Stunting, Speech and learning defects, Abortions and still births, Impaired development of the brain and central nervous system in early fetal life, and importantly hampering of learning abilities, leading to loss of upto 13 IQ points. The cumulative effect of all these impedes the development of a people to their fullest potential and, thus, the national growth.

Our group would like to ***participate in the events like workshops and conferences, wherein we can make presentations and disseminate information on iodine deficiency disorders and preventive measures and its impact on public health, national economy and people's well-being,*** to professionals in the field of public health and other stakeholders. We shall, therefore, be grateful if you could kindly inform of us such events being organized by your Association, Members and affiliates where our team of experts can interact with the participants.

Looking forward to having a fruitful association,

Yours sincerely,

Dr. Chandrakant S. Pandav
Secretary - ICCIDD
Additional Professor
Centre for Community Medicine, AIIMS

1 Prof. Sunder Lal Secretary General Indian Association of Preventive & Social Medicine Department of P.S.M. Pt. B.D.Sharma PGIMS Rohtak – 124 001 Haryana	2 Dr. G.S.Hathi Secretary Indian Academy of Paediatrics Kailash Darshan Kennady Bridge Mumbai – 400 007
3 Dr. Usha Gupta Secretary Obst. & Gynae. Association Prof. & Head Dept. of Obst. & Gynaecology Lady Hardinge Medical College New Delhi – 110 001	4 Dr. Sudipto Roy Secretary Indian Medical Association IMA Hall Indraprastha Estate New Delhi – 110 002
5 Dr. Hariharan Secretary Delhi Medical Association DMA House Medical Association Road Darya Ganj New Delhi – 110 002	6 Secretary Indian Association of Paediatrics 125, 2nd Floor, Gautam Nagar Mew Delhi – 110 049
7 Dr. Sandhya Kamath Secretary General Association of Physicians of India Laud Mansion, 3rd floor 21, Maharshi Karve Road Mumbai – 400 004	8 Dr. Malti Mehra Secretary Indian Public Health Association Department of P.S.M. Maulana Azad Medical College New Delhi – 110 002

Website of the Indian Coalition for Control of Iodine Deficiency Disorders

As part of its efforts to spread awareness about iodine deficiency disorders, an India specific website has been established. The website hosts issues ranging from the history of iodine deficiency disorders elimination in India to reports from the states. The site names **www.iqplusin.org**

Database Activities

1) Annotated Bibliography on IDD studies in India

There has been a fundamental shift in the world of information and knowledge in the last two decades of the 20th century. The digital and information revolution presents a remarkable opportunity for developing countries to move quickly to develop their own capacities, and become part of the global virtual economy. But Internet density (users as a percentage of population) is much higher in high income countries, and among the educated sectors of developing countries. Internet density is now more than 50% in Canada and the U.S.A., but less than 1 percent in Africa. In fact, the information revolution threatens to magnify the social and economic disparities between the rich and the poor.

With this background, it was proposed to compile an India specific database on iodine deficiency disorders, endemic goitre and endemic cretinism, iodisation of salt and the National Iodine Deficiency Disorders Control Program, in an electronic format that is to be imported on to a compact disc.

The creation of the database is in the form of an annotated bibliography on the studies done on iodine deficiency disorders in this country. The bibliography's purpose is to inform and educate a variety of people including policy managers, public health professionals, nutrition experts and any person involved in the elimination of iodine deficiency disorders. The Compact Disc in which the database is housed would also serve as a ready reference to any user who wants any information on the studies done on iodine deficiency disorders all over this country.

This database will serve to intensify efforts towards elimination of IDD by giving all concerned an overall perspective on the issue. It will also serve as a networking tool by promoting interaction among the various arms of the network.

The database is unique in that it collects information from a wide variety of sources, including indexed articles, un-indexed articles, bulletins, health education materials, books, chapters in books, conference proceedings, conference abstracts, Thesis and Dissertation reports, and unpublished reports from organizations. The use of Annotations to help sift through the search results from the database, for effective research use.

Main Outcomes

1. Apart from the indexed articles, the gray areas of unindexed articles covered as effectively as possible.
2. Network base created for a bibliography on iron deficiency anemia and Vitamin A deficiency studies. An annotated database, similar to this one, on iron deficiency anemia and vitamin A deficiency studies is a felt need.
3. Widespread use of the database will involve more people into the field of IDD elimination

.

2) Website of the Indian Supercourse Network – www.indiansupercourse.com

The Department of Epidemiology at the University of Pittsburgh has set up an Internet based learning resource called the Supercourse. Housed in the University of Pittsburgh Server (www.pitt.edu/~super1/), this site features PowerPoint lectures on all aspects of prevention, putting forward a bold new concept of "Teleprevention". The lectures, contributed form the faculty from 151 countries, number over 1500, and are available free of cost. These showcase prevention efforts from all over the globe. With an increase in 'hits' on this site, it was felt that mirror servers could be established to speed up the access to netizens all over the world. One such mirror server has been established by ICCIDD. With the aim to increase visibility to IDD efforts, the iodine agenda is added on to the site. The ICCIDD has contributed lectures on IDD efforts in India to this database.

The Supercourse consists of:

1. ***Information Sharing & Open Source Model***: A Global academic faculty is developing and beginning to share their best, most passionate lectures in the area of public health and the Internet. This benefits all. The experienced faculty member can beef up their lectures that are not cutting edge. New instructors reduce preparation time and improve their lectures, as they can employ state of the art lectures from others. Faculty in developing countries have access to current scientific information which they would not normally have. The concept of a library of lectures for all to use is in many ways similar to that of "freeware" or "open source software" on the computer.

2. ***Global Health Network***: We are developing a global Supercourse with 10,300 faculty, called the Global Health Network (GHNet), already in 151 countries. They are mainly faculty members (e.g. Deans, Chair persons, Professors, Associate or Assistant Professors) at academia. They are the lecturers, reviewers, or translators of the Supercourse lectures. They are also the major user group of the Supercourse. You are most welcome to GHNet (e.g. how to join and how to provide a lecture)

3. ***Teaching the Teachers***: Supercourse is not a substitute for existing educational model but a teaching-support system. We provide high level lectures to the teachers of students in medical, dental, nursing schools, and those of public health etc. These are passionate lectures by experts in the field, and the teacher just "takes" them out like a library book to teach. The Supercourse is not just a distance education model in two reasons: The first is that despite our effort being global, there is a "death to distance" as the Economist has quoted. This means that if a student is in the next room, or in the next continent, it makes no difference. In addition, distance education means a separation between the teacher and the student. Here we have no separation in that the classroom teacher are doing the teaching, but they will have much better educational lectures than they ever had before.

4. ***Statistical Quality Assurance***: Supercourse lectures are provided basically by faculty in academia. Besides, we have an open peer-review system (example) on the lectures by the global faculty to strengthen the quality of lectures. In addition, all students rate the lectures, and we will track the ratings over time using systems developed by Deming for Industry (Statistical Quality Control).

5. ***Supercourse Mirroring & CD-Rom Distribution:*** To enhance lecture dissemination, we set up Supercourse mirror sites and distribute Supercourse CD-Rom around the world with free of charge. We have set up 41 mirrored servers (i.e. simply a copy of the Supercourse website) in medical, dental, veterinary, nursing, and public health schools. This effort is mainly to improve local access to the Supercourse lectures. Since December 2000, we have created the *Supercourse CD*. It is a CD-Rom which includes all current Supercourse lectures. More than 7500 CDs have been distributed to faculty in 118 countries. The latest edition of the CD contains over 1000 Epidemiology lectures.

6. ***Presentation Speed***: We have developed approaches to speed access (e.g. developing small size files for graphics: less than 10 kb size image files). This effort is for the users from developing countries who have low-bandwidth Internet connection.

7. ***Hypertext Comic Book***: The lectures are web-based icon-driven format mainly with graphic presentation and text. The students can go deep for more information through hyperlinks. Example.

8. ***Multilingual***: For global use, this must be multilingual, the first lecture is in 8 languages. There are 34 multilingual lectures.

9. ***Online Textbooks***: The Global Health Network - Supercourse asked the British Medical Journal (BMJ) to put two textbooks. The BMJ uploaded its bestsellers on the web for the Supercourse; Statistics at Square One and Epidemiology for the Uninitiated

10. ***Publication***: We have published over *108 papers* in leading medical journals including the Lancet, British Medical Journal, Nature Medicine among others. Full-text article which described the philosophy of the Supercourse: "***The Internet is THE Information Superhighway***" by John Patrick (VP, IBM)

Current Status:

The Supercourse currently has 1600 lectures online. We have beta tested the lectures in two courses in Japan, and one in South Africa, the course worked very well, with considerable interest. In addition, for our best lectures in the classroom setting only 50 students per year have a chance to see them. Initial results indicate that 2500 individuals per year are accessing the lectures or about 50 times that of what we do in the classroom. In full operation there will be over

30,000 hits per year, which would mean we would have to teach 600 years to achieve as great a coverage as the Supercourse.

In addition to these we have currently underdevelopment: **Mass customization system** with which Supercourse users can search, select, and customize their own lectures material using the Supercourse lectures or presentation slides. We expect this system will bring the maximum flexibility of utilization for their teaching. **Deming's Statistical Quality Control system** is also under re-modeling phase. We are about to analyze the data from peer-review for the last a few years.

Contact Persons:

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A Note on National IDD Watch - India

Currently there is a group of us both within AIIMS, and UNICEF, the MI and ICCIDD that is thinking of forming a 'National IDD Watch'. We are sharing these preliminary thoughts with you to request for your opinion on the proposal. If you think in terms of a "go-ahead", we look forward to having your comments with regard to the name, format of the body, about the proposed members as well as other possible names, functional aspects and other issues which you may think relevant and appropriate.

Some of the suggested objectives are:

1. Review of Government's IDDE programmes
2. Programmes implementation Appraisal
3. Facilitate field evaluation of results
4. Act as a pressure group
5. Interface among field Agencies
6. Policy planning & revision facilitation
7. Networking linkage and leadership development
8. Documentation Centre
9. Human Rights and Rights of Children angle
10. Promotive Advocacy

Some of the names we thought of to include taking into consideration area of expertise, gender and geographical distinction, in the lead team are:

1. Justice Ranganath Misra
2. Mr. R.V.Pillai
3. Mr. B.J.Panda – Biju Janata Dal M.P. Young businessman-politician with a vision. He has played an important role in reinstatement of the ban in Orissa.
4. Mr. Bejon Misra – Avid Consumer Activist. Internationally experienced. Vice Chairman of Consumer Coordination Council of India.
5. Mrs. Rita Pinto – Working for underprivileged children, especially street children. Heads a Delhi based organization called "Butterflies".
6. Ms Usha Rai – Columnist and social activist. Formerly with the Times of India, The Hindustan Times. Has been a friend of ICCIDD for long.
7. Ms Sunita Narain – Head of CSE (Centre for Science and Environment). Recently in the limelight for the study conducted on bottled mineral water.
8. Mrs. Prabha Ramalingaswami – She is at present heading the Vulimiri Ramalingaswami Foundation
9. Mrs. Bidyut Mohanty – Heading the Panchayati raj Division of Institute of Social Sciences, New Delhi. Working for grassroots level empowerment, especially of women – through panchayati raj system.
10. Mrs. Pushpa Nadkarni, Joint Director, Bharat Scouts and Guides
11. Navodaya Vidyalaya Samiti
12. Ramakrishna Mission (for North Eastern States)
13. Mr. J.M.Singh – Dehradun based NGO activist (for Uttarahcnal). Involved in the past with IDD monitoring activities.
14. Mrs.Veena Sharma – Chandigarh based lawyer. Human rights activist. Her husband is heading the Punjab Voluntary Health Association. (For Chandigarh and Punjab)

15. Salt industry Representative from Gujarat
16. Salt industry Representative from Rajasthan
17. Salt industry Representative from Tamil Nadu
18. Small scale salt manufacturers representative
19. Public health expert

Communication

Information material (e.g. ICCIDD Newsletter, brochures) were being to sent on a regular basis to government departments, network members, missions, professional bodies, industry and other stakeholders

ICCIDD Regional Newsletter – IQ^{+} Jagriti

Dr. John T. Dunn, Executive Director of International Council for Control of Iodine Deficiency Disorders has been advocating for long the need and advantage of a Regional Newsletter for promoting the cause of sustainable elimination of IDD. In response to this, the ICCIDD Regional Newsletter named "**IQ^{+} Jagriti"** has been started to coincide with the IDD Day-2003. The publication was officially released in Singapore at the ICCIDD Satellite Symposium held during the Annual Conference of Asia-Oceania Thyroid Association in December 2003. The first issue was launched by Dr. John T. Dunn himself.

The Newsletter has been started in response in response to a long felt need of a standard and regular medium for intercommunication among the various groups and stakeholders contributing towards sustainable elimination of IDD. With special focus on South Asia region, the objective of the Newsletter is to serve as an instrument of interaction among various professional groups, social sector, members of civil society, the industry and the Government. It aims also at informing the consumer groups and people at large.

IX Asian Congress of Nutrition, New Delhi, 23-27 February, 2003

The IX Asian Congress of Nutrition (ACN), organized by the Nutrition Foundation of India (NFI) and nutrition Society of Indian (NSI) under the auspices of the Federation of Asian Nutrition Societies, was held in New Delhi from 23 to 27 February, 2003. Nearly 1400 delegates from 49 countries, of whom 1085 were from 25 Asian regions, attended the conference.

Dedicated to the concept of good nutrition and a healthy life, the 5 day meet was held for the second time in India – the first in 1971. Both the meetings were chaired by the Dr. C. Gopalan, the doyen of nutritional sciences in India and the President of the NFI. He has been responsible for creating a fraternity of Asian nutrition scientists to discuss and promote nutritional sciences relevant to public health in the region, the conference embarked on the theme: 'Nutrition goals for Asia "Vision 2020".

The conference was inaugurated by Dr. K.C.Pant, Deputy Chairperson of the Planning Commission, who has always evinced a keen interest in nutrition and has recently brought out the Tenth Plan document, which spelt out the nutritional problems and the goals to be achieved by the end of the Plan period. Dr. Pant felt that despite all efforts on several fronts related to nutrition, it may not be possible to eliminate undernutrition in the next decade and hence there is an urgent need to operationalise the screening of vulnerable groups to identify high risk groups to initiate food supplementation and provide healthcare.

The conference proved to be a scientific feast of plenary lectures (3), special lectures (3), plenary sessions (6) symposia (30) and around 500 poster presentations and 100 oral communications.

One of the Symposia (Symposium 6) entitled "Elimination of Iodine Deficiency Disorders in Asia" was held on February 24th under the Scientific Programme module. Dr. C.S.Pandav, ICCIDD Regional Coordinator, chaired the symposium and Dr. G.N.V.Brahmam of National Institute of Nutrition, was the coordinator. The following papers were presented:

1. Policy Environment and National Health Programmes : A case study of the National Iodine Deficiency Disorders Control Programme (NIDDCP) in India – by Dr. C.S. Pandav
2. Iodine Deficiency disorders in Bangladesh : Role of different institutions / organistions in the elimination programme –by Dr. Q.Salamatullah
3. Iodine Deficiency Disorders Control Programme –A successful public health intervention in India – by Dr. B.K.Tiwari
4. IDD Control programme in Thailand : The programme Manager IDD perspective – Dr. S.Sinawat
5. A successful programme – experience sharing – by F.Azizi

Copies of the four abstracts submitted by ICCIDD for Poster Presentations sessions.

"The Kerala model : key issues in sustainability of the progress towards elimination of Iodine deficiency disorders in Kerala"

C S Pandav[1], D Moorthy[1], K Leelamoni[2], Rajamohanan[2], K Vijayakumar[2], R Sankar[3], M G Karmarkar[4], S R Kabir[4], *All India Institute of Medical Sciences, New Delhi, 110029, India[1], Medical College, Thiruvananthapuram, 695011, India[2], The Micronutrient Initiative, New Delhi, 110003, India[3], ICCIDD, India Institute of Medical Sciences, New Delhi, 110029, India[4]*

Introduction

The National Iodine Deficiency Disorders Control Program (NIDDCP) has been a centrally sponsored program without a base in the various states. Historically, all research efforts and inputs given to the program have been mainly from three institutions – All India Institute of Medical Sciences, New Delhi, Indian Council of Medical Research, New Delhi and the National Institute of Nutrition, Hyderabad. With the program being a fully central government sponsored program, there have been no efforts at capacity building at the state level. We carried out a joint study to assess the iodine status of the population of Kerala as a whole. Apart from the results of the indicators, the study was unique in that there was an open and interactive intersectoral participation between the stakeholders. We attempt to analyze the reasons for the success for the study.

Objective

To understand the determinants of sustainability using the Kerala model, in tracking progress towards elimination of iodine deficiency disorders

Methodology:

Analysis of the activities involved during the preparatory phase, the field survey phase, the laboratory and data analysis phase, the report writing phase and finally the dissemination and follow up phase.

Conclusion:

One of the key issues highlighted by the Kerala model is the need for awareness, participation and ownership. The central team from the All India Institute of Medical Sciences, New Delhi was only technical facilitators for the study. The whole study was conducted by the state team, coordinated by the Department of Community Medicine, Medical College, Thiruvananthapuram. This calls for a similar exercise in all the states to make the state governments not only aware of the disorder but also to activate intervention and follow up measures to tackle the problem.

Policy Environment And National Health Programmes: A Case Study Of The National Iodine Deficiency Disorders Control Programme (NIDDCP) In India

C S Pandav[1], R Sankar[2], D Moorthy[1], Anand K[1], M G Karmarkar[3], S R Kabir[3] *Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi, 110029, India[1], The Micronutrient Initiative, New Delhi, 110003, India[2], ICCIDD, All India Institute of Medical Sciences, New Delhi, 110029, India[3]*

Introduction:

The decision-making process in policy making is based primarily on the recognition of a problem, for example a health problem, as a social or public health problem. The social problem and the policy governing its elimination is a multifactor process. The other factors involved, namely the information in hand, the values and beliefs of the population concerned and the formal and non-formal structure for decision making, are mainly influenced by the actual problem being tackled.

Objective: To understand the complex policy environment in which National Health Programmes are operating, using the case study approach

Methodology: A case study approach applying the criteria of Policy formulation and policy implementation to National IDD Control Programme.

Results: The main *information* source leading to the genesis and implementation of the National IDD Control Programme (*Social Problem or issue*) has come from the academic bodies. In the context of Indian programme, efforts were primarily focused on formal and informal *institutional structure for decision making* for formulating the policy of universal salt iodisation. The political support and commitment, backed by administrative infrastructure contributed to the achievement of 72% coverage of iodised salt at the household level. But recently, the major setback to the programme has been the Government's act of revoking the ban on the sale of non-iodised salt. This retrograde step has resulted in putting brakes to a successful and important nutrition program. The major limiting factor in the implementation of NIDDCP was that the community perceptions about IDD and iodised salt and their interests and beliefs (*Values*) were not explicitly considered as part of the implementation process.

Conclusions: In formulating National Health Programmes in a policy environment, scientific inputs (*information*), political will and administrative support (*institutional structure for decision making*) are necessary but not sufficient. One of the issues to be considered, especially when programmes have to be sustainable is pro-active recognition and inclusion of beliefs and interests (V*alues*) of key stakeholders, which is vital in formulation and implementation of sustainable programmes.

"Tracking progress towards elimination of Iodine deficiency disorders in Kerala, India"

D Moorthy[1], K Leelamoni[2], Rajamohanan[2], K Vijayakumar[2], R Sankar[3], CS Pandav[1], MG Karmarkar[4], SR Kabir[4] *All India Institute of Medical Sciences, New Delhi, 110029, India[1], Medical College, Thiruvananthapuram, 695011, India[2], The Micronutrient Initiative, New Delhi, 110003, India[3], ICCIDD, India Institute of Medical Sciences, New Delhi, 110029, India [4]*

Introduction

Kerala is a state lying in the southernmost tip of peninsular India. Being a coastal state, it was believed that iodine deficiency is not a public health problem in the state of Kerala. Previous surveys have documented the existence of iodine deficiency in 11 of the 14 districts in the state; but there has been no state wide survey to portray the current status of iodine deficiency. This survey was carried out to plug the lacunae in the knowledge.

Objective:

What is the current status of Iodine Deficiency Disorders in Kerala?

Methodology:

The methodology followed for the study was the one recommended by WHO/UNICEF/ICCIDD (World Health Organization/ United Nations Children's Fund/ International Council for Control of Iodine Deficiency Disorders). The Probability Proportionate to size (PPS) 30 Cluster methodology was used for sample selection. The study population was school children in the age group of 6-12 years.

Results:

A total of 1067 children aged between 6-12 years were studied. The total Goitre rate was 16.6%, prevalence of Grade I Goitre being 14.0% and Grade II Goitre being 2.6%. The median urinary iodine excretion was found to be 123.3 µg/L. 32.5% of the values were $\leq$ 100 µg/L and 67.5% of the values $\geq$ 100 µg/L. A total of 1066 household salt samples were analyzed by titration. The proportion of households consuming adequately iodised salt (Iodine content > 15 parts per million) was 48.9%.

Conclusion:

As per the criteria laid down by WHO/UNICEF/ICCIDD, the reported prevalence of total goitre of 16.6% suggests that Kerala is endemic for IDD. But as demonstrated by median urinary iodine (123 µg/L) currently, the iodine nutrition status appears adequate in Kerala. Taking into consideration the consumption pattern of goitrogens, additional sources of iodine from fish and presence of iodine in 98.6% of the samples (by titration) from the households, it is indicative that iodised salt constitutes an important source of iodine to the population.

Problem Based Learning: Iodine Deficiency Disorders

D Moorthy[1], C S Pandav[1], R Sankar[2], M G Karmarkar[3], S R Kabir[3] *Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi, 110029, India[1], The Micronutrient Initiative, New Delhi, 110003, India[2], ICCIDD, All India Institute of Medical Sciences, New Delhi, 110029, India[3]*

Introduction

The Micronutrient Initiative (MI) was established in 1992 as an international secretariat by its principal sponsors: Canadian International Development Agency, International Development Research Centre, UNICEF, UNDP, and the World Bank. The regional office of the MI for the South Asia is located in New Delhi. The International Council for Control of Iodine Deficiency Disorders is an expert international body on iodine deficiency disorders. The International Council for Control of Iodine Deficiency Disorders provides services to countries pursuing the goal of the total elimination of iodine deficiency disorders. The Micronutrient Initiative, with technical inputs from International Council for Control of Iodine Deficiency Disorders (Drs. CS Pandav, Regional Coordinator, I.C.C.I.D.D. South Asia and Pacific, JT Dunn, Secretary, I.C.C.I.D.D., R Sankar, A Sood) has developed a problem based learning programme.

Objectives:

The purpose is to introduce iodine deficiency disorders as a clinical and public health problem and to suggest up-to-date information on clinical and population based assessment, treatment and management. The target audiences are undergraduate students in medicine, nursing and nutritional sciences, and health care providers in general including health administrators, health workers and programme managers.

Conclusion

The contents are arranged in an interactive manner into five sections comprising of: i) Biology ii) Clinical assessment iii) Population iv) Application v) Case scenario. The programme also includes a quiz designed to be a self-assessment tool. The section on the bibliography is a useful tool for the students and programme managers. The biology section gives a brief account of the physiology of iodine and its relation to the thyroid gland. It also explains the causes and consequences of iodine deficiency. The Clinical assessment section explains the method of examination of the thyroid gland and the clinical interpretation of goitre. The section on population and application reviews in detail, the magnitude of iodine deficiency disorders in the world and the global efforts towards its elimination. The case scenario gives opportunity for one to learn the clinical presentation of iodine deficiency. The importance of history and role of goitrogens are also discussed. The entire programme is available on a CD ROM.

"Partnership: Key to Sustainability in elimination of Iodine Deficiency – Experience of ICCIDD with Bharat Scouts and Guides"

P Peter[1], D Moorthy[2], C S Pandav[2], M G Karmarkar[1], S R Kabir[1] *ICCIDD, All India Institute of Medical Sciences, New Delhi, 110029, India[1], Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi, 110029, India[2]*

Introduction

The Scouts and Guides movement was born in 1907, introduced to the world by Colonel Robert Smyth Stevenson Baden Powell, an Officer of the British Army in India. The Indian wing is known as Bharat Scouts and Guides (BSG), which is a joint organization of the Scouts and Guides. The avowed purpose of the movement is to contribute to the development of young people in achieving their full **physical, intellectual,** social and spiritual potential as individuals, as responsible citizens and as members of the local, national and international communities. Indian Coalition for Control of Iodine Deficiency Disorders (ICCIDD) has entered into dialogue with BSG that resulted in a collaborative programme between October 1997 to June 1998 for the national level sample collection and analysis of salt sample using both titration as well field testing kits. The efforts are on to build on those results.

Objectives

To understand the process of partnership and participation among the stakeholders using the case study of ICCIDD and Bharat Scouts and Guides

Methodology

A review of the activities between ICCIDD and Bharat Scouts and Guides, involving the efforts to induct the Bharat Scouts and Guides in the IDD elimination program in India.

Results

An analysis of a series of meetings and the results of those meetings will be presented in the present paper. The meetings were held in diverse locations, ranging from the Scouts and Guides Headquarters in New Delhi to the National Training Centre for the Scouts and Guides in Pachmarhi, Madhya Pradesh.

Conclusions

These sensitizing meetings and re-orientation meetings have proved a success. All the participants at the meetings are enthusiastic to participate in any national level monitoring program that will be introduced by the Government. With their wide network, the Bharat Scouts and Guides can contribute significantly to the National Iodine Deficiency Disorders Control Program (NIDDCP)

27th June, 2003

Dr. Johann Peter Steinmann
GTZ Project Office, New White House
38, Suyojana Co-operative Housing Society
Samata Park (Opp. Mantri Manor)
Off North Main Road, Koregoan Park
Pune – 411001

Dear Dr. Steinmann,

Kindly refer to the letter from Ms. Geetanjali Subhedar, the Projects Officer, Development Co-operation (No. WZ 4E dated 25th June, 2003), in response to our letter dated 16th April, 2003. (Copy of both the letters attached for ready reference)

In continuation, we would like to share with you the following:

Organizational Profile: We are a group with national and international partnership exposure and performance backed by technical and professional management systems.

Indian Coalition for Control of Iodine Deficiency Disorders (ICCIDD) is the National Chapter of the international apex body of International Council for Control of Iodine Deficiency Disorders, established in 1985, with headquarters in Ottawa, Canada. The International Council was recognized as the expert group by the UN system in 1987 and further as a Technical Expert Group by the World Health Assembly in 1993. The Indian Coalition is a non-profitable, non-governmental organization. The legacy of the office bearers of the Coalition dates back to mid-fifties having directly associated with the legendary late Dr. V. Ramalingaswami, first National Research Professor and former Director General of Indian Council of Medical Research and Director of All India Institute of Medical Sciences, who pioneered IDD elimination programmes starting from Kangra Valley (Himachal Pradesh) in the fifties.

The All India Institute of Medical Sciences (AIIMS) : The premier Institute of medical education, research and patient care historically has encouraged and played a role in fostering collaboration and partnership, both internationally and nationally. The examples galore. To mention a few such, - one, the foundation stone of the AIIMS was laid by Mr. J.T.Watts, Minister of Industry & Commerce, Govt. of New Zealand on 4th April, 1952 who contributed 1 million Pound Sterling. The second example is the opening of the buildings of the AIIMS on 17th January, 1961 by her Majesty, Queen Elizabeth II. The third is collaboration between Rockefeller Foundation and AIIMS for the Comprehensive Rural Health Services Project at Ballabhgarh in the neighboring State of Haryana during 1960 to 1967. This is a sterling example of joining hands to deliver primary health services in the unreached areas. At the national level, we have two partnership projects with Rotary Club – the Rotary Cancer Hospital, and also Rotary-AIIMS Mid-town Trilokpuri Hospital on the outskirts of Delhi.

Profile of lead team: ICCIDD is a team of multidisciplinary professionals and experts with focus on public health and children's rights. In addition to the lead team based in Delhi there is a network of senior professionals nationwide. The Indian group is

represented and exposed largely in the international arena in the field of public health, especially iodine deficiency disorders elimination programmes.

Networking: In addition to the professional networking, ICCIDD has an enlarged networking of local NGOs and Voluntary Organizations, State Governments, Panchayati raj (local self-government bodies) groups and Scouts and Guides.

Role of ICCIDD: As a body of professionals with vast experience in the field, ICCIDD is equipped to conduct IDD assessment, assist programme planning, implementation and evaluation. Being a group of Public Health Experts, Health Economists and Medical Scientists and other professionals, we are dedicated to addressing the issues related to effective implementation of programmes towards sustainable elimination of IDD in the Country. In order to track progress towards sustainable elimination of iodine deficiency disorder, the essentials of the programme will encompass review of the IDD elimination programme activities related to assessment, intervention (salt iodisation), monitoring, information, education and communication (IEC), training, experiences exchange, documentation and programme management. In brief, ICCIDD is equipped with technical and professional expertise to catalyze all activities towards elimination of iodine deficiency disorders in any part of the world starting from survey through IEC and sustainable progress monitoring.

We, the ICCIDD and AIIMS, can offer our partnership for long-term collaborative programmes under the Indo-German co-operation in the field of public health, especially micronutrients and, with special emphasis on iodine deficiency disorders elimination programmes.

It will be our pleasure to **meet you, make a presentation and discuss more on examining possibilities** of working together.

Looking forward to hearing from you.

Thanking you.

Yours sincerely,

Dr. Chandrakant S. Pandav
Secretary – ICCIDD
Additional Professor – Centre for Community Medicine
All India Institute of Medical Sciences

Cc: Geetanjali Subhedar
Projects Officer
Development Co-operation
Embassy of the Federal Republic of Germany

Workshops

National Workshop on Micronutrients

The Indian Council of Medical Research (ICMR), India's premier medical research body conducted a two day workshop between 24th – 25th November 2003, in New Delhi, to deliberate on the current efforts to eliminate micronutrient malnutrition. The 80 participants included Health Secretaries of the Ministry of Health from various states, experts from the field of iodine, iron and vitamin A deficiency elimination, non-governmental organizations, and international agencies. The theme was to seek out strategies to improve the efficiency of the national programs that focuses on eliminating the deficiencies of these micronutrients, and to operationalize the recommendations of the 10th Five Year Plan.

Most of the discussion was conducted under the ambit of working groups, formed for the three micronutrients – IDD Working Group, IDA Working Group, and Vitamin A Working Group. Based on the discussions, the recommendations of the IDD working group, chaired by Dr Kalyan Bagchi and coordinated by Dr Chandrakant Pandav, were put forth, to be refined and implemented. These are given below.

Product

1. Supply side: Involve the Salt traders (the newly recognized "Middlepersons" in the salt distribution network)
2. Demand Side: Involve the wholesalers
3. Production Monitoring
4. Modification of PFA Steps to Improve raw salt quality: for better iodine retention
6. Making iodine available at competitive price for making KIO_3Labeling of salt for human consumption
8. Rail Transport: Provide covered wagons with regular and periodic supply of wagons
9. Road transport - It can be tackled by increasing demand for quality product & enforcement of modified PFA/packaging and labelling law
10. Equity – Who needs it the most should get it the most
11. PDS – targeted Below Poverty Line (BPL) population - several states have accepted it but they are not implementing it

Process

1) Recognize and Revitalize the following **Central level coalitions** for IDD elimination: a) National Steering Committee chaired by Sec Health b) Program Implementation committee under DGHS c) Lab Monitoring Committee d) IEC Committee
2) Build similar **state level coalitions** to include all stakeholders **Members** of Committees at Central level to be made more inclusive - active participative & transparent process

4) Encourage states with Non / Partial ban to **implement a full ban**
5) PFA Implementation: Implement existing law but "obey spirit of the law rather than the letter of the law"
6) **Communication Strategy**:

Recognize that a lot of effort has been spent by all stakeholders in communication development

a. Shift focus from goitre to IQ^{+}
b. Shift focus from iodized salt to *quality iodized salt*
c. Shift focus from producers to *traders and wholesalers*

7) **Communication Efforts**:

   a. *Short term:* Modify available current methods and materials; intensify efforts in the villages & towns
   b. *Long term:* Constitute a group which will look into the communication needs – participation from government, agencies, communication experts
   c. Involve children of today for a sustained program – Scouts & Guides, School children, NCC

8) **Integration** with other micronutrient programs like with RCH in Maharashtra, with ICDS in Gujarat

9) Add **iodine and micronutrients onto the existing agenda** at district & state level system

10) **Partnerships**:

   a. Intersectoral coordination through central & state level coalition bodies
   b. Involvement of panchayati raj for effective advocacy & monitoring

11) **Documentation**: Centralized compilation of IDD status (salt iodine, urinary iodine) data from various areas and agencies: Database to be developed; accessed by all

12) Laboratory Capacity for Household level monitoring: Not routine tests

   a. Salt iodine – State Level Lab
   b. Urinary iodine - Regional labs

13) **Political Support**:
   a. Regular exchange of data with policy makers
   b. In light of the decreasing coverage of iodized salt, the Ministry of Health and Family Welfare should write to the State Governments, asking them to intensify efforts to implement the IDD control program more effectively.

Progress

1) Tracking Progress: collective global wisdom needs to be acknowledged
2) Adopt standardized methodology
3) Experience sharing - from other regions as well as from various states
4) Implement Annual Cyclic monitoring

National Consultation on Food Fortification in India – Why the Stalemate?

The Nutrition Syndicate, headed by Dr Kalyan Bagchi, conducted a two day workshop between 15th – 16th December 2003, in New Delhi, to deliberate on the stalemate in food fortification efforts in India. The 50 participants included government representatives, experts from the field of iodine, iron and vitamin A deficiency elimination, invitees from the private sector and non-governmental and international agencies. The theme was to seek out strategies to seek out ways to implement a national food fortification strategy, which was languishing in the initial stages itself.

The success of fortification of salt with iodine was cited as the best example of food fortifications and almost all speakers stressed the need to learn the lessons form the iodine deficiency elimination efforts.

Standing Committee on Nutrition

SCN Working Group on Micronutrients
Held during the ACC/SCN's 30th Session in Chennai, 3-7 March 2003

Co-Chairs: Bruno de Benoist, WHO ; Werner Schultink, UNICEF

The Chair introduced the agenda and the topics that were to be covered.

Dr. Bruno de Benoist, WHO, made a presentation on the latest IDD situation from the data of the WHO Global Databank on Iodine Deficiency. This data is now available at www3.who.int/whosis/micronutrient/. 7.1% of the world's population is affected iodine deficiency. In absolute number, the regions the most affected are South East Asia, Eastern Mediterranean and Europe. He reported that, compared to 1993, the prevalence of iodine deficiency has decreased by 7.1%. The highest decrease was observed in the American Region. With regard to salt iodization, 19 countries have stated that the goal of universal salt iodisation has been reached. As a whole, 68%of households across the world have access to iodized salt. He summarized with the sattement that IDD is still a major public health problem and effort needs to be sustained if the goal of IDD elimination by the year 2005, adopted by the international community, is to be reached.

Gary Gleason, IDPAS Project Director, gave a presentation on the report on global activities related to iron nutrition in the context of the IDPAS project supported by the International Nutrition Foundation and United Nations University and provided highlights. The report includes information from international and bilateral agencies and their supported projects, national and sub national projects and researchers. The full report can be seen on the Micronutrient Initiative's website at www.micronutrient.org in the IDPAS Iron World pages. It is also available in the IDPAS Iron World IV CDROM.

Among the key areas where there has been significant activities and progress related to iron nutrition during the past year, it was noted that advocacy, food-based approaches and dietary diversity, fortification, supplements and "in-home" fortification plyed a major part.

Werner Schultink presented the results of the meta-analysis of a multiple micronutrient supplementation trial supported by UNICEF, carried out in 4 countries: Peru, Vietnam, Indonesia and South Africa. The study shows that 1 RDA of the most important imcronutrients can be considered appropriate at address micronutrient malnutrition in children.

Prakash Kotecha presented an evaluation of an anaemia control project in adolescent's girls, supported by UNICEF and the Department of Preventive Medicine, Medical College Vadodara, Gujarat, India. The results of the study, covering 65,000 girls showed a good compliance at 90% and a substantial reduction in anaemia prevalence by23%, especially in the younger group with a rise in median haemoglobin for all age groups. In conclusion, this project shows that weekly iron supplementation in those

adolescent girls is a good programmatic approach to control anaemia because it was easy to implement, doable, with a high compliance rate.

Mr. R. Carriere, Executive Director, GAIN Secretariat made a presentation on the Global Alliance to Improve Nutrition.

The presentation was followed by an interactive question answer session.

The final report is available at
www.unsystem.org/scn/Publications/AnnualMeetings/SCN30/30th_session_report.pdf

Regional Workshop on Learning Module on Iodine and The Annotated Bibliography Project

Post Graduate Institute of Medical Education and Research, Chandigarh
15th and 16th March 2003

Inaugural Session

The inaugural program started at 10.00 AM. **Dr. S K Sharma**, Director, Post Graduate Institute of Medical Education and Research, Chandigarh was the **Chief Guest** for the inaugural function. **Prof. M.G. Karmarkar**, President, ICCIDD, New Delhi, **Prof Rajesh Kumar**, Prof and Head of the Department, Department of Community Medicine, Post Graduate Institute of Medical Education and Research, Chandigarh, **Dr Saraswati Bulusu**, National Programme Officer, the Micronutrient Initiative, **Dr. Amarjit Singh**, Additional Professor, Department of Community Medicine, Post Graduate Institute of Medical Education and Research, Chandigarh, were the guest speakers.

Dr Arun Kumar Agarwal, Assistant Professor, Department of Community Medicine, Post Graduate Institute of Medical Education and Research, Chandigarh welcomed one and all to the workshop. The guest speakers seated on the dais were welcomed with the floral bouquets. The Chief Guest **Dr. S K Sharma** and the other dignitaries on the dais inaugurated the workshop by lighting the traditional lamp.

At the outset, **Prof Rajesh Kumar**, Prof and Head of the Department, Department of Community Medicine, Post Graduate Institute of Medical Education and Research, Chandigarh welcomed the participants. He elaborated the support and encouragement that was given by the Director, PGIMER. He enumerated the activities of the Department of Community Medicine in IDD elimination activities and pledged to increase activities to fight this dreaded menace.

Prof M G Karmarkar, in his opening remarks, explained the background and purpose for organization of this Regional Workshop on Iodine Deficiency Disorders (IDD) at Chandigarh. He highlighted the splendid work done by the Department of Community Medicine, Post Graduate Institute of Medical Education and Research, Chandigarh in IDD elimination.

Dr. Saraswati Bulusu, National Programme Officer, the Micronutrient Initiative, introduced the vision, mission and activities of the Micronutrient Initiative, including the key focus on micronutrient malnutrition elimination.

Dr. Amarjit Singh, Additional Professor, Department of Community Medicine, Post Graduate Institute of Medical Education and Research, Chandigarh expressed the vote of thanks.

The programme was followed by tea break.

Scientific Sessions

Session I: Introductory session

Participants Introduction

Session II: Background Presentations

Co-Chairs:

1) Prof M G Karmarkar, ICCIDD, New Delhi
2) Dr Rajesh Kumar, PGI, Chandigarh
3) Dr Saraswati Bulusu, MI, New Delhi

As a participatory exercise and with the aim of the participants getting to know each other, there was a session of participant introduction. The list of participants is enclosed as **Annexure – 1**.

Introduction

After the participant introduction, the film '**Trishna**', made by a documentary filmmaker, **late Mr. Ishwar Chandra Pandey**, was screened. The film was commissioned by the Union Ministry of Health as an audio-visual module to sensitize people on iodine deficiency disorders. The participants were appreciative of the contents of the film. Many mentioned that they were not aware of quite a few points about iodised salt that were made in the film. Many suggested the use of the film at the grass root level.

Workshop Objectives

Dr Denish Moorthy informed the participants about the workshop objectives, the agenda for the next day and a half and the crucial role being played by the participants. The agenda is enclosed as **Annexure – 2**. The next half hour was dedicated to the presentation of the Learning Module on Iodine, including the menu, the various component screens and the application of the module. Dr Denish Moorthy made the presentation. **Dr Ashwani Kumar Gupta** made a presentation on the Annotated Bibliography project. The participants were also informed about the role of the formation of a regional network and its usefulness in the dissemination of information, including the Learning Module on Iodine.

Session III: Working Groups (Two groups – One on the Learning Module on Iodine and One on the Annotated Bibliography)

The session was chaired by Dr Sekhon and Dr T D Sharma. The details of the group discussions are enclosed as **Annexure – 3**.

Session IV: Participants Presentations

The morning of 16th March 2003 consisted of Session IV, which was the participant presentation. The session was chaired by Prof Rajesh Kumar. Each state was invited to

make their presentation. For Jammu and Kashmir, Dr Imtiyaz Ali made a splendid presentation on the current status of IDD in the state. For Haryana, Dr Navneet Kulshreshta made a presentation with inputs from Prof Sunder Lal, Dr Neelam Khetarpaul and Mr Ramesh Garg. For Himachal Pradesh, Dr T D Sharma made a detailed presentation about the history of IDD elimination in Himachal Pradesh, which reflected the IDD elimination activities in India as the first study on the efficacy of iodised salt was started in Himachal Pradesh with Prof Ramalingaswami's Kangra Valley study. Dr C K Hira from the Department of Food and Nutrition, PAU, Ludhiana made a presentation of the activities of their department, which also cleared a lot of issues regarding iodine content of foodstuffs. An input on the IDD activities in Chandigarh was provided by Dr Vinita Gupta, Programme Officer and Mrs Upasana, Technical Officer, IDD Cell. Dr Ms Monica Malik detailed the work done by her students in Shimla. This was followed by the summing up of participants presentation with the concluding remarks of Chairman

Session V: Working Groups (Grouped according to the States)

There was a working group session according to the states. The session was chaired by Dr Saraswati Bulusu.

Session VI: Presentation of Group Work

The session was chaired by Dr Saraswati Bulusu. The group dynamics and the recommendations of the various groups are enclosed as **Annexure – 4**.

Session VII: Future Plan of Action

Dr Denish Moorthy summed up the presentation for the states grouped into six areas:

1) Political will
2) Current status of IDD
3) Monitoring and Quality Assurance
4) IEC
5) Training
6) Advocacy & Involvement of all sectors

This is outlined in the table below

State **Area**	**Jammu & Kashmir**	**Himachal Pradesh**
Political will	Involve them intensely	Historic involvement
Current status of IDD	Statewide estimates need to be generated	Statewide estimates need to be generated

Monitoring & Quality Assurance	Can be set up, Dept. of PSM. of SKIMS as a nodal center	In view of 1979 event, needs strengthening–MC Tanda
IEC	Can be developed with local resources	Well developed; can use as a model for the neighboring states
Training	Training programs	SIHFW can take the lead
Advocacy & Involvement of all sectors	General and specific advocacy events needed	General & stakeholder specific events

State Area	Haryana	Punjab	Chandigarh
Political will	Bring it to the fore front	Bring it to the fore front	Bring it to the fore front
Current status of IDD	Statewide estimates need to be generated	Statewide estimates need to be generated	Statewide estimates need to be generated
Monitoring & Quality Assurance	IDD Cell in collab with MC Rohtak for technical support	?IDD lab in Patiala	IDD cell acts in collab with PGI
IEC	Involve PRI in addition to other groups	Needs development to be able for communication with the masses	Can be developed with local resources
Training	IDD Cell with technical assistance	?MC/ Nutr Coll to take the lead	PGIMER Chandigarh as a resource centre
Advocacy & Involvement of all sectors	General & stakeholder specific events	General & stakeholder specific events	General & stakeholder specific events

Session VIII: Workshop Sum-Up and Valedictory Program

Dr Vaishnav gave a impressive valedictory address, urging all the participants to carry the message on the benefits of iodised salt to the people. He exhorted all organizations and institutions to pledge their utmost efforts to eliminate iodine deficiency disorders. Dr Imtiyaz Ali summed up the participants feedback on a positive note. The workshop ended with a vote of thanks by **Dr Arun Kumar Agarwal**.

Annexure – 1

Participant List for Regional Workshop held in Chandigarh,
15th - 16th March 2003

Punjab

Dr RKD Goyal Prof & Head G.G.S. Medical College **Dept. of Social & Preventive Medicine** Faridkot Tel: 0175-207407 (Patiala) 01636-229304 (Moga)	Dr Rita Jain Agriculture University Ludhiana
Dr JS Kochar Assistant Director (IDD Cell) Parivar Kalyan Bhawan Plot NO 5, Sector 34/A CHD Chandigarh Tel: 660905 / 228668 ®	Dr AS Sekhon Prof & Head Department of Community Medicine Government Medical College, Patiala Tel: 9814085514 (Mob) / 2212214 ® / 0175-2212542 (O) Email: sekhonind@yahoo.com
Dr CK Hira Prof & Head Dept. of Food & Nutrition Agriculture University Ludhiana Tel: 0161-2463596 ® 0161-2401960 Ext. 328 (O) Email: ckhira@yahoo.com.in	Dr Paramjeet Kaur Assistant Professor Govt. Medical College Patiala
Dr Navneet Kanwar Officer In charge (IDD Cell) Parivar Kalyan Bhawan Plot No 5, Sector 34/A CHD Chandigarh Tel: 660905 (O) / 0172-740822 ®	Dr Vijay Gupta Thyroid Specialist & Head Department of Nuclear Medicine Pace Imaging 317 A Krishna Square Near Batal Road, Amritsar 143 001 Tel: 2273250 / 0183-2273032
Fr. Joseph Kalathil SJ (Educationalist / NGO) Good Shephard Church & Social Service Centre Kotla Nihang, Ropar Dist Ropar District, Punjab 140 001	

Jammu and Kashmir

Dr GM Mattoo Senior Additional Professor Sher- e-Kashmir Institute of Medical Sciences Karam Nagar, Srinagar, Kashmir Tel: 0194-2478900 ® Fax: 2403470 Email: fahadmattoo@rediffmail.com	Dr Abdul Rauf Ex Director Principal Govt Medical College Srinagar
Dr Imtiyaz Ali Prof & Head Sher-e-Kashmir Institute of Medical Sciences Karam Nagar, Srinagar, Kashmir Tel: 0194-2402971 (O) / 2423546 ® Fax: 2403470 Email: imti444@rediffmail.com	Dr Bhupinder Singh Prof & Head Govt Medical College Jammu Tel: 01923-2585334 (O) / 263603

Chandigarh

Prof Rajesh Kumar Prof & Head Community Medicine Department, PGIMER, Chandigarh Tel: 0172-744993 (O)	Mr Harold Carver Educationist Director-Principal St Stephens Academy Sector 45-B, Chandigarh Tel: 0172-664547 (O)
Dr Arun K Aggarwal Assistant Professor Community Medicine Department, PGIMER, Chandigarh Tel: 0172-745847 (O) Ext 5218 / 724828 ® Email: aggak63@glide.net.in	Mr K Ramanathan Journalist Senior Sub Editor Times of India SCO-68-69, Sector 8-C Madhya Marg, Chandigarh 160 018 Tel: 0712-737652 ®
Dr Vinita Gupta Programme Officer Room No 46, Department of Dermatology General Hospital Sector 16, Chandigarh Tel: 0172-768250 (O) / 0172-549729 ® Email: vanitagupta@yahoo.com	Advocate Veena Sharma #3177/2, Sector 44-D Chandigarh Tel: 0172-616982 ®
Mrs Upasana Technical Officer (IDD Cell) Department of Dermatology Room No 46, General Hospital Sector 16, Chandigarh Tel: 768318 (O) / 744732 ®	Mr PH Vaishnav Chairman SOSVA 3rd / 4th Floor Karuna Sadan Opposite YMCA, Sector 11, Chandigarh Tel: 0172-744197 / 549258
Mrs Monika Malik	Dr Neeraj Aggarwal

Faculty Member Home Science College Sector 10, Chandigarh Tel: 0172-743471 (O) / 547770 ®	Senior Lecturer Govt Medical College Chandigarh
Mrs Damandeep Faculty Member Home Science College Sector 10, Chandigarh Tel: 0712-743471 (O) / 780299 ®	Dr SV Rana Additional Professor Department of Gastroenterology PGI, Chandigarh
Dr Praveen Kumar Associate Professor Dept of Paediatrics PGIMER, Chandigarh	Dr BR Mittal Associate Professor Department of Nuclear Medicine PGIMER Chandigarh
Dr A Bhansali Associate Professor Department of Endocrinology PGIMER, Chandigarh	

Haryana

Dr Sunder Lal Prof & Head Department of SPM Pandit BD Sharma PGIMS Rohtak Tel: 01262-244491/242552 E 2315 (Off) 01262-242883 ®	Dr Neelam Khetarpaul Prof & Head Dept of Food & Nutrition IC College of Home Science Haryana Agriculture University Hisar Tel: 237720-26 (O) 31171-73 Ext 4243 Email: hau@hau.hry.nic.in / Khetarpaul@vsnl.com / neelam@khetarpaul.com Fax: 01662-34952/34613 (O) / 01662-33000 ®
Dr Pinki Boora Associate Professor Department of Food & Nutrition Home Science College Haryana Agriculture University Hissar Tel: 237720-26 (O) / 243720 ®	Dr Navneet Kulshreshta Deputy Director (Sr) EPI Directorate of Health Services Haryana Sector 6, Panchkula Tel: 587346 (O) / 556452 ®
Mr Ramesh Garg Technical Officer (IDD) Directorate of Health Services Sector – 6, Panchkula Tel: 587346 / 590628 (O) / 665841 ®	

Himachal Pradesh

Dr TD Sharma Principal Regional Health and Family Welfare Training Centre Kangra HP 176 001 Tel: 01892-265472 (O) / 223297 ® Fax: 01892-265472 Email: tdsharma47@hotmail.com	Mrs SL Bhardwaj Senior Faculty Member H&FW Training Centre Kangra Tel: 01892-265472 (O) / 01892-238203 ® Fax: 01892-265472 Email: spbfo@sify.com
Dr Mazata Assistant Professor Community Medicine RP Medical College Tanda, Kangra, H.P. Tel: 267162 (O) / 267628 ®	Dr ML Mahajan Joint Director Health Services, H.P. SDA Building Kasumpti, Shimla Tel: 2622508 (O)
Mr Darshan Kumar Mahajan M/s Punjab Salt Traders Main Market, Damtal (Nurpur) Kangra Tel: 0186-226465 ®	

Delhi

Dr MG Karmarkar President, ICCIDD #29, Centre for Community Medicine All India Institute of Medical Sciences New Delhi 110029, India Tel: 011-265888522, 26589470 Email: cpandav@now-india.net.in	Dr. Saraswati Bulusu National Programme Officer The Micronutrient Initiative 208, Jor Bagh, New Delhi 110003 Ph: 011-24619411 Email: sbulusu@idrc.org.in
Dr Denish Moorthy Consultant, ICCIDD #29, Centre for Community Medicine All India Institute of Medical Sciences New Delhi 110029, India Tel: 011-265888522, 26589470 Email: denishm@hotmail.com	Dr. Ashwani Kumar #29, Centre for Community Medicine All India Institute of Medical Sciences New Delhi 110029, India Tel: 011-265888522, 26589470 Email: ashwanig@now-india.com
Dr Srinath S #29, Centre for Community Medicine All India Institute of Medical Sciences New Delhi 110029, India Tel: 011-265888522, 26589470, 0-9811319949 Email: drsrinaths@rediffmail.com	Mr Peter Parekattil #29, Centre for Community Medicine All India Institute of Medical Sciences New Delhi 110029, India Tel: 011-265888522, 26589470 Email: cpandav@now-india.net.in

Annexure – 2

Tracking Progress Towards Sustainable
Elimination of Iodine Deficiency disorders in India

Regional Workshop at Chandigarh
15th – 16th March 2003

Programme Schedule

15th March 2003

Session I – Registration & Inaugural Session

Time	Programme	Presenter
9.00 – 10.00 AM	Registration	
10.00 – 11.00 AM	Inaugural Session	
11.00 – 11.30 AM	Tea Break	

Session II – Background Presentations

Co-Chairs:

4) Prof M G Karmarkar, ICCIDD, New Delhi
5) Dr Rajesh Kumar, PGI, Chandigarh
6) Dr Saraswati Bulusu, MI, New Delhi

11.30 – 12.00 Noon	Screening of "Trishna" – A Documentary film on IDD	
12.00 – 12.10 PM	Discussion on IDD	All participants
12.10 – 12.20 PM	Theme Setting for the Workshop	
12.20 – 12.30 PM	IDD – Introduction and Current Status	
12.30 – 12.45 PM	Presentation of Learning Module on Iodine	
12.45 – 1.00 PM	Introduction to Annotated Bibliography	
1.00 – 2.00 PM	Lunch	

Session III – Working Groups

Co-Chairs:

1) Dr A K Aggarwal, PGI, Chandigarh
2) Dr Denish Moorthy, ICCIDD, New Delhi

2.00 – 3.00 PM	1) Working Group on the Learning Module on Iodine 2) Working Group on the Annotated Bibliography	All Participants
3.00 – 3.15 PM	Presentation of the Working Group on the Learning Module on Iodine	Presenter of the Working Group
3.15 – 3.30 PM	Presentation of the Working Group on	Presenter of the Working

	Working Group on the Annotated Bibliography	Group
3.30 – 3.45	Tea Break	
3.45 – 4.00 PM	General Discussion	All Participants
4.00 – 5.00 PM	Laboratory Demonstration of Quantitative estimation of urinary and salt iodine	IDD Team from Community Medicine, PGIMER, Chandigarh

16th March 2003 – State Presentations

Session IV – State Presentations

Co-Chairs:

1) Dr Rajesh Kumar, PGI, Chandigarh
2) Dr Saraswati Bulusu, MI, New Delhi

Time	Programme	Presenter
9.00 – 9.30 AM	Jammu and Kashmir	Dr Imtiyaz & Dr Mattoo
9.30 – 10.00 AM	Himachal Pradesh	Dr T D Sharma and Dr Sohal, Kangra Dr Mazta, Tanda, State IDD Cell
10.00 – 10.30 AM	Haryana	State IDD Cell Dr Sunder Lal, Rohtak Dr Neelam, Hisar
10.30 – 11.00 AM	Punjab	State IDD Cell Dr A S Sekhon, Patiala Dr RKD Goyal, Faridkot Dr C K Hira, Ludhiana
11.00 – 11.15 AM	Tea Break	
11.15 – 12.15 PM	Chandigarh	IDD Cell, Chandigarh Dr A K Aggarwal, PGI Dr Monika Malik, CHD
12.15 – 1.15 PM	State Specific Working Groups	All Participants
1.15 – 2.15 PM	Lunch	

Session V – State Working Groups Presentations

2.15 – 2.25 PM	Jammu & Kashmir Working Group	Presenter of the Working Group
2.25 – 2.35 PM	Himachal Pradesh Working Group	Presenter of the Working Group
2.35 – 2.45 PM	Haryana Working Group	Presenter of the Working Group
2.45 – 2.55 PM	Punjab Working Group	Presenter of the Working Group
2.55 – 3.05 PM	Chandigarh Working Group	Presenter of the Working Group
3.05 – 3.30	Tea Break	
3.30 – 3.45 PM	Final Recommendations	
3.45 – 4.30 PM	Valedictory	

Annexure – 3

Working Group on Learning Module on Iodine

Terms of Reference

1) What are the strategies by which we can ensure that the Learning Module on Iodine will reach its intended target group of medical and health care professionals, nursing students and home scientists and nutritionists?
2) How can the module contribute to generating awareness on iodine deficiency disorders?
3) What is the role and responsibility of civil society in this effort?

Recommendations

1) The module can be used for medical professionals, nutritionists, paramedical personnel specifically nursing colleges, home science colleges, State level ICDS personnel and allied research institutions

2) The module needs to be modified for different categories to make for a widespread use
    i. DHS Officials
    ii. School age children
    iii. District level administrators
    iv. Consumer forums and activists
    v. Media and Communicators
    vi. Legal professionals

3) The module information can be disseminated by involving:

4) Department of Community Medicine at Medical Colleges and medical institutions

5) State Health Departments at district, block/village level, specifically IDD/Nutrition cells

6) Part of this module can be used as a reference material in the form of flip chart, leaflets, posters for training of grass root level personnel

Working Group on Annotated Bibliography

Terms of Reference

1) What are the strategies by which we can ensure that the Annotated Bibliography will reach its intended target group of medical and health care professionals, nursing students and home scientists and nutritionists?
2) How can this database be made available at low cost to all people involved in IDD elimination efforts?
3) How can the Annotated Bibliography contribute to generating awareness on iodine deficiency disorders?
4) What is the role and responsibility of civil society in this effort?

Data Collection Methods

All states in North India should

1) List all medical colleges, agricultural institutes, home science colleges and food and civil supplies departments in their respective states

2) Issue a letter to them to provide all data to them

3) Ensure reimbursement of postage, copying charges and phone calls to increase compliance

4) Other suggestions: After collecting data, provide feedback to respective regions about areas of concern

Other Methods

1) Director of health services should be involved to motivate institutions to provide data

2) Advertisements in newspapers and radio

3) Mother NGOs should be made to collaborate effort between NGOs and government authorities

Dissemination at Low Cost

1) Keep copies of the annotated bibliography in libraries and in offices of state health authorities for easy availability to all involved

2) Access over the internet should be available

Role of Bibliography Project in Increasing Awareness of IDD

Involve the students and faculty of medical colleges to collect data

Role of Civil Society in Increasing Awareness on IDD

1) Teachers, anganwadi workers, mahila swasthya sanghs and youth clubs to be involved

2) One should propagate messages on iodine deficiency in such a way so that it finds acceptance among the common people e.g. “iodine consumption leads to a healthy and intelligent child

Annexure – 4

State Wise IDD Elimination Activities

Proposed Terms of Reference for the State IDD Elimination Activities Working group

1. What are the activities of the following stakeholders in your state:

    a. Government & Panchayat Raj Institutions
    b. Educational Institutions and Academia
    c. Health Professionals, Nutrition Professionals and Home Scientists
    d. Non-governmental organizations
    e. Media and Communication
    f. Human rights and legal practitioners
    g. Salt Industry (i.e. the wholesalers & retailers)
    h. International NGOs and Bilateral agencies

2. What are the activities that you can undertake to increase the consumption of iodised salt in your state?

3. What are the recommendations that you will make to the above group of stakeholders to increase the coverage of iodised salt and ensure elimination of iodine deficiency in your state?

4. What is the role and responsibility of civil society in this effort?

Punjab Working Group

Activities of the Full Stakeholders

a) At Govt. Level – IDD Programme Officer / Nodal Officer under DHS is present – not functioning up to the mark
b) Educational Institutions & Academia
   Teaching in Medical Colleges / University & Home Science Institute
c) Health Prof. Nutritionists & Home Scientists
   - Doing work at their own level
   - No coordinated efforts or field of research demarcation
d) NGOs – not dedicated to IDD (No specific NGOs)
e) Media & Communications – Not up to a level registered for communicating to the masses
f) Human Rights & Legal Practitioners – NIL
g) Salt Industry – No Salt Industry in Punjab
   At wholesaler level – No standardization in packaging & trade mark
   Retailers – selling the salt provided by wholesaler
h) International NGOs & Bilateral Agencies – Existent but not in the forefront

Activities that can be undertaken to the consumption of iodised salt in Punjab

a) **<u>At University Level</u>** – Research – Developing methodologies identifying research areas & publishing the research work for implementation
b) **<u>Nutritional Institution</u>** – Imparting hands on training to standards undergoing various courses & developing teaching methodology in line with research results

Medical Colleges

a) Imparting teaching & training undergraduates in MCQ, along with teaching of health programmes
b) Imparting the importance of IDD in causation and treatment of various diseases at the level of PGs training
c) Imparting in-service training to Med/Para Medical Staff
d) Monitoring & Evaluation in Community

DMS

a) Strengthening IDD Cell & maintaining it functional at state level & making responsible for implementing
b) Quarterly Reports
c) Training to Food Inspector
d) 6 monthly meeting
e) District Administration – Realization of importance of IDD
f) NGOs – Identification of interested in IDDs to motivate & training

Recommendations

a) Political will, bureaucracy
b) Intensive IEC
c) Community Participation
d) Involvement of ICDS

Role & Responsibility of Civic Society

a) Involvement of MCQs
b) Panchayats
c) Local leader
d) Manila mandatory
e) Youth Clubs
f) Preraks (*Motivators*) – adult education

Haryana Working Group

I] Govt. should ensure that: -

a) Govt. should ensure that –
- Ban remains
- Continuous and adequate supply of iodized salt
- To get all the organizations together for effective implementation

b) Conducting research in unexplored areas
CME for medical, para medical & nutrition lists
Teaching through school curriculum

c) Identifying and monitoring all the IDDs
Educating and controlling the problem

d) Help spread awareness on IDD

e) Messages through – Radio, Cable TV, Newspapers, Cinema, Slides, Handbills, Booklets

f) Nothing is being done on this front

g) Wholesalers and Retailers – Buying + Stoking

h) None

II] Iodised salt consumption

- Implementation of mid day meal with iodine fortified foods
- Awareness registered correct all of iodized salt through media
- Importing Nutrition Education to Community while counseling dietary surveys
- Department of Community Medicine for IEC Surveys
- Identify high risk areas to import adequate information & knowledge
- Awareness to Anganwadi workers, adult education groups for IEC

III] Recommendations

- Convince decision makers to accord appropriate priority to this programme
- Involve trades unions to create awareness about IDD and legal implication of not abiding by ban
- Availability of reasonably priced salt
- Increase awareness activities – street plays / rally's, poster making

IV] Role / Responsibility of Civil Society

- Attitudinal change
- Spread message
- Consume iodised salt / create demand
- Ensure proper way of using iodised salt
- Special care for target groups
- Enforce legal enforcement of loan

Jammu and Kashmir Working Group

1] Activities

- Apart from health professionals, nutritionists and home scientists, who base line information; no other stakeholder is involved in IDD activity in J&K

- At Govt. level policy making and implementation activities for IDD has lowest priority

2] Our Activities

- Create public demand through advocacy for top level officials and awareness amongst general masses

- Conduct surveys on changing patterns of IDD status and salt consumption

- Provide Technical Guidance on various areas / issues

- Department take over as a staff coordinating unit

3] Our Recommendations

- Ban on non-iodised salt to be continued

- Ensure sufficient production and distribution of iodised salt

- Strengthen monitoring the salt quality

- Provide salt testing facilities

- Co-operation and sharing of information amongst stakeholders

4] Every citizen should realize the responsibility for this cause. NGOs, media and salt producers have a special role to play. The District administration specifically to be involved in this cause.

Himachal Pradesh State Working Group

I] Activities of stakeholders

a) Government

- Regular, adequate supply of iodised salt
- Quality control, PFA / STK
- Monitoring and evaluations
- IEC
- Co-ordination

b) PRIs

- IEC
- Availability of Iodised Salt
- Quality control – STK

II] Academia

- Research / Survey / CME / Trainings Monitoring

III] Health Professor, Nutritionists / Home Science

Same & IEC

IV] NGOs

- Awareness
- Community Participations
- Quality Control – STK
- Pressure groups
- Enforcement of existing laws

V] Media

- Watch Dog
- Awareness
- IEC
- High lighting the problems

VI] Human Rights and Legal Practitioners

- Pressure groups
- Advisory roles
- Support to NGOs & other
- Activities
- Awareness / Education

VII] Salt Industry

- Adequate & regular production, districts, storage & sale of quality Iodised Salt
- IEC
- Internal Quality Control

VIII] International NGOs and Bilateral Agencies

- Technical & Financial Support
- Co-ordination
- Pressure groups

Consumption of Iodised Salt

- Regular continuous CME of Health and paramedical professionals
- Regular / continuous sensitization of PRIs & other CBOs
- Production of locally and culturally acceptable IEC Material
- Involvement of PRIs in the Programme

Recommendations

- Strengthening of State IDD Cells with committed persons
- Adequate and regular supply of STK
- Regular monitoring of IDD & Salt quality
- Periodic surveys
- IDD Laboratory at Medical College

Civil Society

- Awareness
- Demand generations
- Consumption of Iodised Salt
- Co-ordinations
- Quality Control (STK)

Chandigarh Working Group

1) Government

a) **Policy Making,** devolution of power dissemination of IEC
b) To include in curriculum, participation of Teachers and students
c) Evaluation, Research and preparation of IEC Materials
d) Advocacy & Health
e) Make awareness among the people regarding IDD
f) Legal issues regarding ban on the sale of non-iodised salt under PFA Act
g) Quality, Quantity & cost effective distribution of iodised salt
h) Funding & co-ordination

2) Enforcement of PFA Act

Extensive IEC activities to increase the participation of the community