

**Phone conversation between Vilma Tyler, Nutrition Specialist, Health & Nutrition, UNICEF Regional Office for CEE/CIS, UNICEF and Elie Hassenfeld and Alexander Berger (GiveWell), July 17, 2012**

**Highest priority salt-iodization countries in CEE/CIS (Central Eastern Europe and Commonwealth of Independent States)**

CEE/CIS is the newest region for UNICEF engagement. After the collapse of the Soviet Union, iodine deficiency and its resulting goiter presented a significant public health problem in these countries. One could see people walking around with goiter, which occurs when iodine deficiency is very advanced.

At the “Salt 2000,” Health Ministers committed to eliminate iodine deficiency, and there was heavy investment by donors in this area from 2000-2008. Over this period, bilateral donors invested heavily in salt iodization. Investments targeted all aspects: assessing production capacity, monitoring and evaluation and measuring iodine deficiency prevalence amongst the population.

Fig. 1. Wheel model for a national IDD<sup>a</sup> elimination programme



Source: ref. 3.

<sup>a</sup>IDD = iodine deficiency disorders.

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UNICEF provided technical expertise to aid efforts and also provided potassium iodate to fortify salt as well as the rapid test kits to monitor salt iodization levels. Over this period, many countries adopted laws mandating universal salt iodization (USI), and they tracked it regularly. Due to these efforts, the region made a lot of progress, except in two countries, namely Russia and Ukraine. Other countries that are still lagging behind are Tajikistan, Kyrgyzstan, and Turkey, due to weak monitoring systems.

The global community's target is 90% of households consuming iodized salt. Another indicator used to measure optimum iodine nutrition is urinary iodine levels in the most vulnerable segments of the population: pregnant women and children. In most countries,

UNICEF supports governments to conduct surveys on average once every 4 years, which include iodized salt as one indicator. The major gap in salt iodization programs that would ensure quality is monitoring. With inadequate monitoring, salt is not iodized to adequate levels, which impacts the population's iodine nutrition.

### **Tajikistan and Kyrgyzstan**

UNICEF has supported countries to conduct cost/benefit analyses to prioritize interventions. For Tajikistan and Kyrgyzstan, salt iodization was amongst the top issues that would have the most return on the investment.

In both countries, the mandatory laws on USI were adopted but there's no commitment from the government to assist producers. In part, the government's enforcement is lacking, and as a result the quality suffers as some producers do not adequately iodize salt.

### **Funding needs**

UNICEF is seeking funding to support the development of a revolving fund that will allow a centralized procurement mechanism for potassium iodate in Kyrgyzstan.

Another area of work where UNICEF seeks funds is to support strong monitoring programs to ensure quality and sustainability. To this effect, building the capacity of the inspectors to enable them to monitor this program as effectively as possible is critical. UNICEF would bring in quality assurance people to work with the salt producers to make sure they know how to monitor the process and ensure quality. A four-day training might cost approximately \$70,000. Many people in the country can't read English, so UNICEF has to translate materials into the local language. It could be \$100,000 per country to ensure that everyone is trained, prepared and has the right tools.

If UNICEF conducts these trainings, producers will understand why quality is important and the frequency with which monitoring has to take place. In Kosovo, for example, 100% of salt is iodized, but 15% is of poor quality, and training could help address that.

### **Are there other possibilities for funding?**

There is more interest from donors in other fortification programs. This may be because other efforts address multiple micronutrient deficiencies, whereas salt iodization addresses only one. For example, in Ms. Tyler's experience, it is easier to raise funds for flour fortification because it can be positioned as a food security issue.

Ms. Tyler mentioned that Kiwanis International and USAID, which funded these efforts in the past, are no longer funding any iodization work in this region. While overall funding for iodization was strong from 2000-2008, it has been substantially reduced over the last few years.

### **UNICEF's nutrition priorities (beyond salt iodization)**

UNICEF is engaged in food fortification aside from salt, with a focus on iron and folic acid deficiencies. The evidence of impact for flour fortification on addressing micronutrient deficiencies is not as widely available as that for salt iodization. However, more countries have adopted laws mandating food fortification in the last 30 years. The number of countries who have adopted flour fortification laws have gone from 32 to 75 countries since 2005.