



**IODINE**  
globalnetwork

**2019**

# ANNUAL REPORT



---

**PRELIMINARY RELEASE**  
Pending Audited Financial Results

---



A MESSAGE FROM THE EXECUTIVE DIRECTOR.....	3
ABOUT THE IODINE GLOBAL NETWORK.....	4
OUR PARTNERS.....	5
FINANCES.....	6
FUNDRAISING.....	7
IGN named a recommended charity for sixth year in a row.....	7
COMMUNICATIONS.....	8
The IDD Newsletter.....	8
The Iodine Blog.....	8
GLOBAL PROGRESS IN 2019.....	9
World Health Assembly 2019.....	10
Iodine Status Monitoring.....	11
Global Iodine Status in 2019.....	12
COUNTRY AND REGIONAL HIGHLIGHTS.....	13
Nepal.....	14
Papua New Guinea.....	15
United Kingdom.....	16
Russian Federation.....	17
Madagascar.....	18
Development of Regional Strategies and Roadmaps.....	19
Mombasa Declaration.....	20
Artisanal Salt.....	21
GLOBAL HIGHLIGHTS.....	22
Improved Monitoring of USI Programs.....	23
Global Fortification Data Exchange (GFDx).....	24
Double Fortified Salt (DFS).....	25
Guidelines on the Use of Iodized Salt in Industrially Processed Foods.....	26
Alternative Methods to Assess Iodine Status.....	27
Research Update.....	28
GOVERNANCE.....	29
2019 Elections and Board of Directors.....	30
2019 Management Council.....	31
CONTACT INFO.....	32

# A MESSAGE FROM THE EXECUTIVE DIRECTOR

As we begin a new decade, I look back on the past ten years with tremendous gratitude and pride in the achievements made toward the elimination of iodine deficiency disorders (IDD) worldwide. [Our work at the Iodine Global Network \(IGN\)](#) is to support countries in the development of programs to achieve and sustain optimal iodine nutrition, primarily through universal salt iodization (USI). Our programs are critical for the cognitive development of children, enabling them to enter school with the opportunity to reach their full scholarly potential. This is especially poignant now as the world responds to the coronavirus pandemic.

As the world faces what may be our most challenging public health crisis for decades, governments will need to prioritize efforts to limit the transmission of COVID-19, reduce morbidity, and manage critically ill patients. These efforts will necessarily take precedence over routine programs, including those related to iodine nutrition. Many ongoing activities will be postponed or eliminated in order to reduce the severity of the pandemic. Most countries will face huge economic repercussions that may take years to overcome. In this context, IGN recognizes these changing needs, but will emphasize the importance of sustaining progress made with USI and IDD elimination, since this will protect the ability of future generations to achieve their optimal development.

Over the past year, IGN has been active at the global, regional and national level. I wanted to highlight just a few of our achievements and contributions. In 2019 at the global level, we brought together technical experts

from multiple fields to examine the viability of salt fortification with both iron and iodine (double fortified salt, or DFS). We also developed and pilot tested new program guidance on the use of iodized salt in processed foods and condiments, and worked with partners to disseminate improved monitoring of national USI programs. Working in partnership with UNICEF, NI, WHO, GAIN, ECSA, salt producers and the Kenyan Government, the IGN facilitated a Regional Consultation on USI/IDD in November 2019, in Mombasa, Kenya. Emerging from this meeting was the [Mombasa Declaration on Sustainable Optimal Iodine Nutrition in Eastern in Southern Africa](#), which confirmed high level of engagement and commitment from over 15 countries. This meeting then led to the development of a strategic roadmap to guide all countries in the region on their iodine programs. In West Africa, IGN has been working with Helen Keller International and Governments to encourage food manufacturers to include the use of iodized salt in bouillon, which has the potential to reach many population groups with adequate iodine.

The focus of our work is at the country level where we aim to establish and strengthen USI programs. As more and more countries achieve optimal iodine status at the national level, we have shifted our attention to equity and making sure that programs reach populations that may be vulnerable to iodine deficiency. This may be a result



JONATHAN GORSTEIN

of geographical challenges, such as in Papua New Guinea, where rural communities do not consume salt and alternative interventions are required to meet iodine needs. IGN has been leading efforts in Russia, one of only two countries in Eastern Europe and Central Asia without mandatory USI, to advocate for national legislation through the Government. At the same time, USI programs are faced with threats by the increased

demand for artisanal salt. In Mexico, [an exemption for artisanal salt](#) (from mandatory iodization) would leave between 3.5 million and 6 million people vulnerable to iodine deficiency. Similar concerns have been raised in Guatemala and elsewhere. As always, I offer my heartfelt thanks and gratitude to our Board of Directors, Regional and National Coordinators, partners and supporters for their contributions towards the audacious goal of global IDD elimination. As we recover from this historic pandemic, we feel truly fortunate to be working on programs that can help children, families and entire populations reach their full potential and aspirations!

A handwritten signature in green ink, consisting of stylized initials 'JG' followed by a surname.

Jonathan Gorstein  
IGN Executive Director

## WHO ARE WE?



The Iodine Global Network (IGN) is a non-profit, non-governmental organization for the sustainable elimination of iodine deficiency worldwide.

Working alongside various stakeholders, we have spearheaded the global effort toward the elimination of iodine deficiency for over 30 years. Armed with the evidence linking iodine, thyroid physiology and brain development, Universal Salt Iodization (USI) programs have been implemented around the world.

Leveraging the collective contributions and actions of a vast network of partners, including the salt industry, national governments, international development agencies and academia in the design, implementation and monitoring of national USI programs, helps us work toward the goal of a world free of iodine deficiency.

## OUR VISION

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

## OUR MISSION

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

## OUR GOALS

- Goal 1** To support the harmonization of national and global iodine program delivery through alignment of approaches, partnerships and resources
- Goal 2** To advocate for political will, increased attention and resources for iodine programs in the context of the broader global nutrition landscape
- Goal 3** To identify and help address challenges to iodine programs and thereby accelerate progress towards sustained IDD elimination
- Goal 4** To support and strengthen national programs and fortification coalitions through consistent programmatic guidance and enhanced communication to, from and among national programs
- Goal 5** To identify and address scientific questions and influence the research agenda in order to increase the effectiveness of iodine programs

Our growth and results are the direct consequence of the contribution of partners and collaborators, some of which include:



This preliminary version of the IGN 2019 Annual Report does not contain any financial information, as we are awaiting a Board approved report of our 2019 Financial Audit, which will not take place until July. We will prepare an updated version of the Annual Report as soon as this is completed and replace on our website and announce through social media.



# IGN NAMED A RECOMMENDED CHARITY FOR SIXTH YEAR IN A ROW

2019 marked the sixth year that

**GiveWell**  
REAL CHANGE FOR YOUR DOLLAR

California-based charity evaluator *GiveWell* recognized the Iodine Global Network as a standout organization. IGN is one of only eight charities to receive this designation. In addition, Peter Singer's effective altruism movement, *The Life You Can Save*, continues to name IGN as one of its top charities.



Our funding base continues to expand, and we are always energized by new partnerships, such as with Helen Keller International. We are also thrilled that our work was recognized by the Founder's Pledge and IGN has been named a recommended charity, specifically for our work in children's education, helping give each child a chance to reach their full potential.

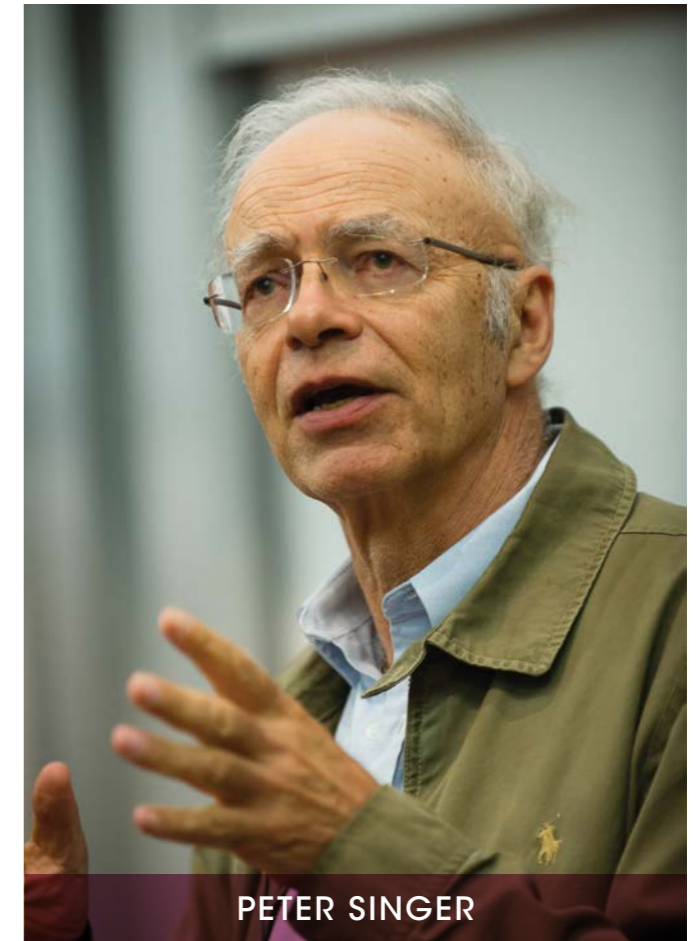
To learn more about us and to support our work, please visit [www.ign.org/donation](http://www.ign.org/donation).

“

The fact that IGN has been one of *The Life You Can Save's* recommended charities for the sixth year in a row illustrates the importance and impact of the work IGN is doing around the world. For as little as \$0.01 per person per year, IGN works with governments, development agencies and salt producers to support national salt iodization programs. These programs ensure optimal iodine intake, protecting the development of the fetal brain and promoting the birth of children who can thrive in school and later life.

— Peter Singer

”



PETER SINGER

*Photo credit: Tony Phillips*

As we move into 2020, we look forward to implementing new communications initiatives to keep you, our supporters, up-to-date on our work and global progress toward the elimination of iodine deficiency disorders. Be sure to [subscribe to our publications](#) and follow us on social media!

## The IDD Newsletter

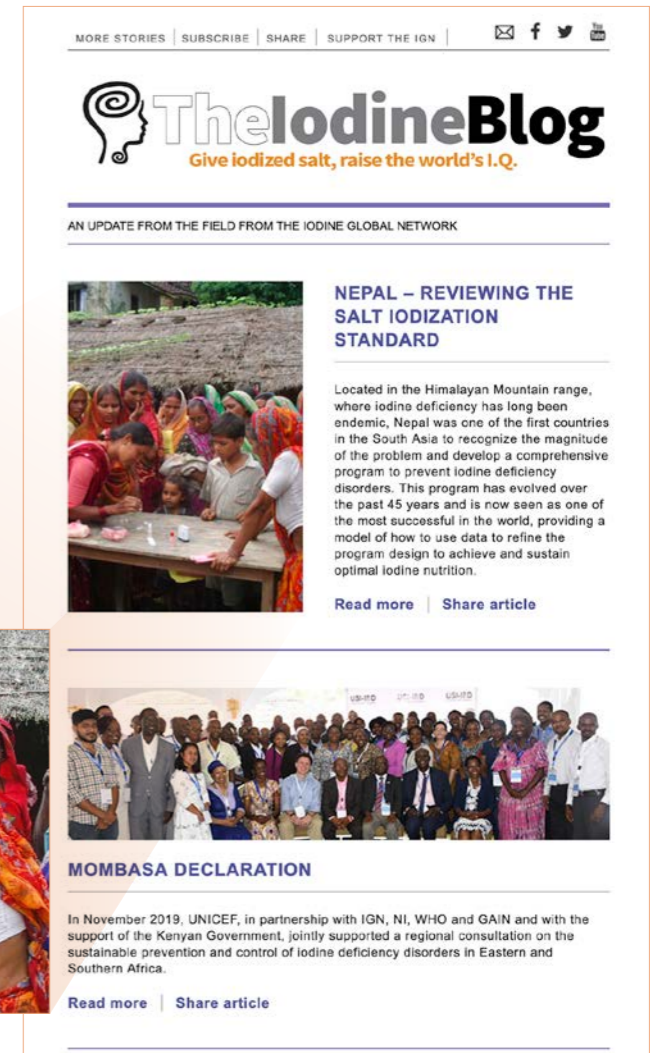
Our flagship publication, the IDD Newsletter, has disseminated and distributed critical research, program and policy developments since 1986. In 2019, four issues were distributed through email and by post to an audience of approximately 10,000 research scientists, policymakers, and nutrition program managers. Special thank you to the Kiwanis Children's Fund, UNICEF and the Swiss Federal Institute of Technology (ETH Zurich) for their ongoing support in making this publication possible.



To subscribe to receive the newsletter or to browse past issues, please visit [www.ign.org/newsletter](http://www.ign.org/newsletter).

## The Iodine Blog

The Iodine Blog began in 2017 as a way to keep the general public up-to-date on the global progress on iodine programs. Featuring stories from the field, current news, research along with the work of our partners, the blog is distributed via email to our network several times per year. To subscribe to our blog, and to view past editions, visit [www.ign.org/iodineblog](http://www.ign.org/iodineblog).



## Social Media

Follow us on social media for current news, interesting facts, groundbreaking research and more. We share stories about our regional coordinators and the work they are doing around the world, our partners that we work with to deliver and monitor iodine programs, as well as reflections on the history of combatting iodine deficiency disorders. Join the conversation!







## GLOBAL PROGRESS IN 2019

Thanks to the collaborative efforts of many, after three decades, most countries have reached and are maintaining optimal iodine nutrition. National salt iodization programs have made it possible to look toward a future without iodine deficiency disorders.

# WORLD HEALTH ASSEMBLY 2019

Every three years the World Health Organization reports on the progress achieved toward the elimination of iodine deficiency disorders at the World Health Assembly. In 2019, the IGN developed a statement that was presented to all member states, which highlighted the global progress achieved in both salt iodization programs and on the iodine status of populations. The report emphasized that universal salt iodization (USI) remains the preferred strategy for the achievement of optimal iodine nutrition, requiring all food-grade salt be fortified with iodine and provided figures on the number of countries with

mandatory USI legislation.<sup>1</sup> The report reminded member states that pregnant women, infants and young children are particularly vulnerable groups for iodine deficiency, because of its effect on fetal brain development, as well as the overall mental and physical development of the child. At the same time, the report reinforced the notion that strategies for both salt reduction and salt iodization are compatible, but require additional monitoring to ensure sufficient iodine intake.

<sup>1</sup> Guideline: fortification of food-grade salt with iodine for the prevention and control of iodine deficiency disorders. Geneva: World Health Organization; 2014.

*WHO reports on the global status of iodine nutrition to the World Health Assembly every three years, and will do so again in May 2022.*



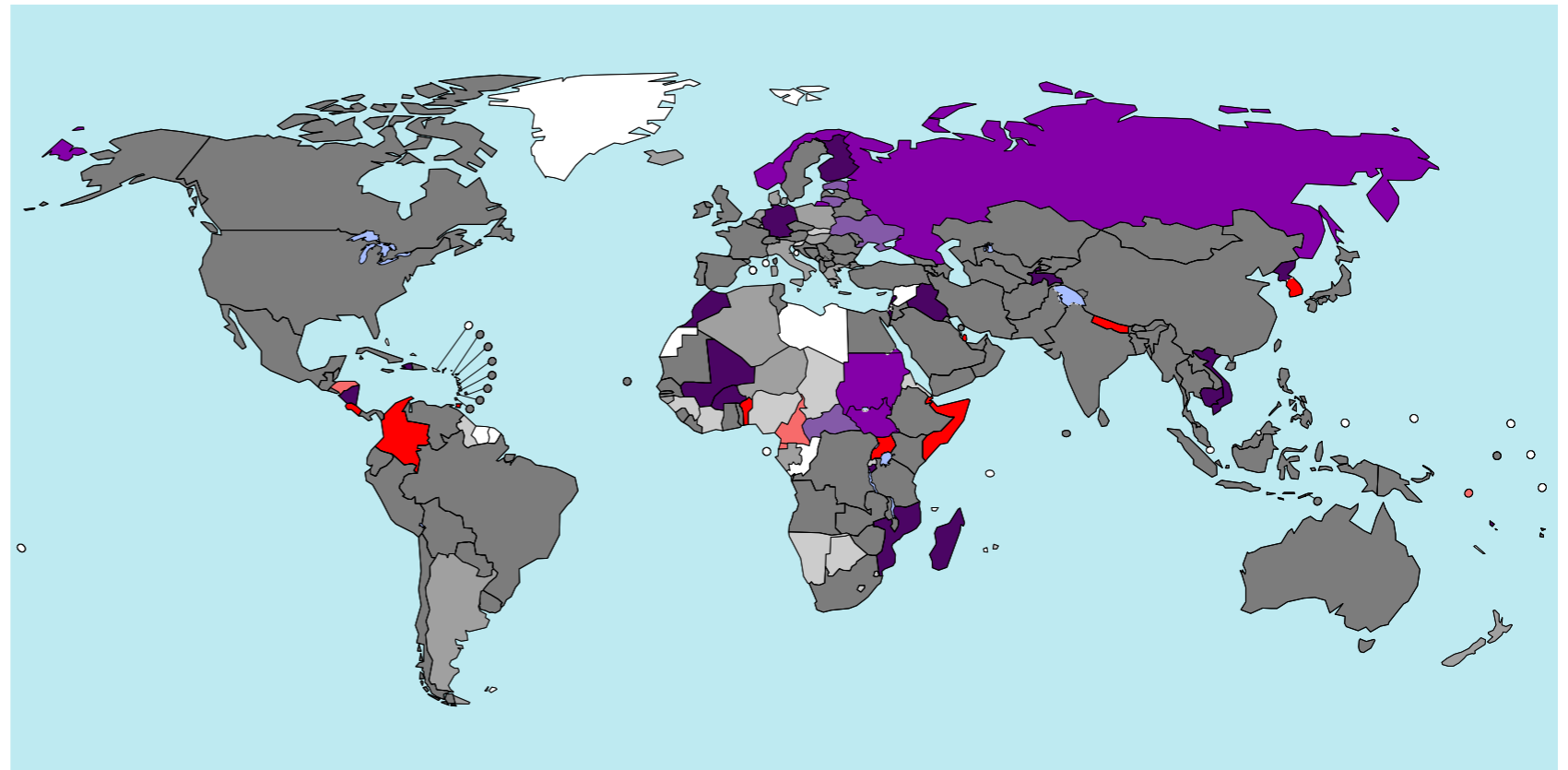
# IODINE STATUS MONITORING

The IGN Scorecard has been updated with 26 new national surveys and subnational data for five countries.

Based on the most recent Scorecard, 115 countries are classified with optimal iodine nutrition (see map). Note that an additional 16 countries have achieved optimal iodine status but this information is based on older data.

The **majority of the new national studies demonstrate optimal iodine nutrition**. Angola and Italy, two countries previously classified as iodine deficient, now report adequate intakes. At the same time, the iodine intake in several countries formerly classified as optimal has declined, including **Cambodia, Nicaragua, Tajikistan** and **Germany**, which reflects the risk of program backsliding and the need for vigilance and continuous monitoring.

There are 23 countries currently classified with insufficient intake, 19 based on nationally representative data and four determined by sub-national surveys. The former are **Burkina Faso, Burundi, Cambodia, Finland, Germany, Haiti, Israel, Iraq, Democratic People's Republic of Korea (DPRK), Lebanon, Mali, Madagascar, Morocco, Mozambique, Nicaragua, Samoa, Tajikistan, Vanuatu**, and **Vietnam**. The latter include **Norway, Russia, South Sudan**, and **Sudan**. Finally, the Scorecard also indicates that the iodine intake is classified as excessive in fourteen countries, which reinforces the need for measures to reduce the iodine intake to fall within the optimal range.



**MAP**

**Current national level iodine status, based on the median urinary iodine concentration (mUIC).**

Lighter shading means less representative data. White means no available data. The number of countries in each category is indicated.

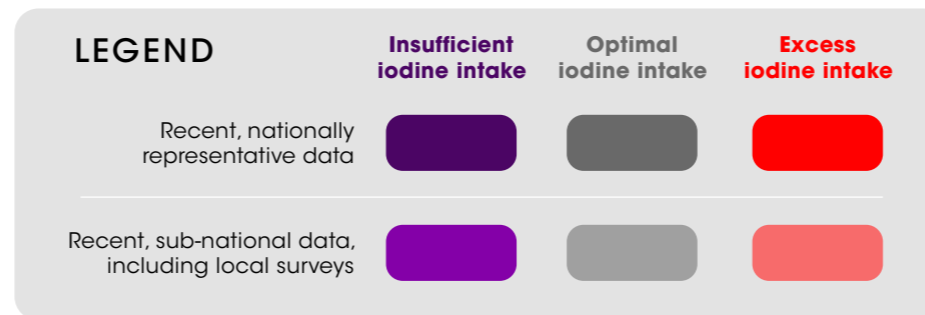
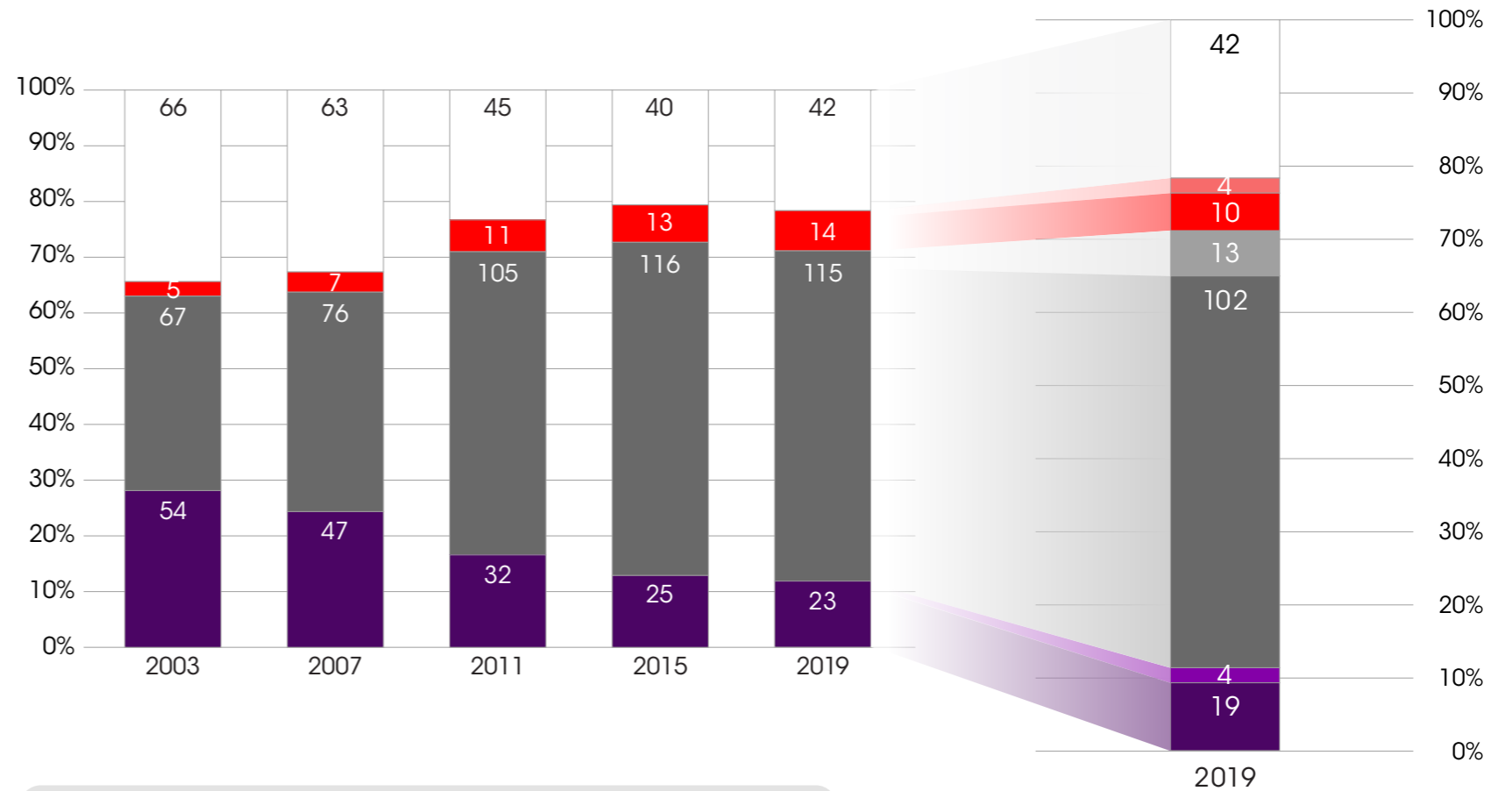
**LEGEND**

	Insufficient iodine intake	Optimal iodine intake	Excess iodine intake
Recent, nationally representative data	19	102	10
Recent, sub-national data, including local surveys	4	13	4
Data from any surveys conducted before 2004	4	16	0

# GLOBAL IODINE STATUS IN 2019

Since 2003, there has been a steady increase in the number of countries which have achieved optimal iodine intake, and a corresponding decline in those with insufficient iodine.

In order to achieve optimal iodine nutrition worldwide, we focus attention on those countries that have not yet fully established successful salt iodization programs, areas which have achieved success but have slipped, and the maintenance of robust and mature programs. We are close to our global goal but acknowledge that several countries continue to lag behind, either for the entire population or for specific sub-groups, which are at risk of insufficient iodine intake. In these settings, mothers enter pregnancy with low iodine stores and children are born unprotected from the adverse consequences of iodine deficiency, and this is unacceptable.



**FIGURE 1**

***Iodine status of 194 WHO countries in 2019, based on recent (2005-2019) surveys***

Darker shade means nationally-representative data. Lighter shade means sub-national or local data.



## COUNTRY AND REGIONAL HIGHLIGHTS

The following pages contain some examples of our national programs, which form the foundation of our work in salt iodization. Each year we take a look back at our successes and lessons learned, helping us to recommit to tactics or pivot towards better solutions.

## NEPAL

### What is the current landscape in Nepal?

Nepal has made tremendous progress with its salt iodization program over the past 30 years with 90% of the population now having access to adequately iodized salt. This has resulted in optimal iodine nutrition among women of reproductive age and pregnant women, but at the same time has led to borderline excessive iodine intake among school-aged children, particularly in urban areas and the Terai region (border with India).

### What are the goals?

The Government of Nepal, equipped with critical program monitoring data, examined the standard for iodine content in salt and is currently in the process of decreasing the level of iodine in iodized salt to eliminate any risk of excessive intake.

### How do we get there?

The recommendation to modify the level of iodine to be added to iodized salt in the country will be closely monitored to assess the impact of this change in the population.

### Facts & Figures

Population: **29,624,000 (2018)**

Iodine Status: **Excessive (2016)**

Iodized Salt Coverage: **94.2% (2016-17)†**

IGN Region: **South Asia**

Regional Coordinator: **Chandrakant Pandav**

National Coordinator: **Urmila Shrestha**

†Percentage of households consuming salt with any iodine. UNICEF 2019.



## PAPUA NEW GUINEA

### What is the current landscape in Papua New Guinea?

Papua New Guinea, a country of over 8 million people with 85% of the population living in rural areas, currently has communities that are vulnerable to iodine deficiency. The fortification of salt has been successful in much of Papua New Guinea, however national and localized surveys of women and children have identified remote areas that do not have access to commercial salt, putting these populations at risk of iodine deficiency.

### What are our goals?

To ensure the entire population of Papua New Guinea, including the most remote, have optimal iodine intake.

### How do we get there?

IGN has already supported UNICEF and the PNG National Department of Health to distribute iodized oil capsules, vitamin A and deworming medication in remote communities in two provinces as an emergency measure. In the future, IGN will continue to support UNICEF and the NDoH to identify all remote communities at risk of iodine deficiency in order to provide iodine supplements and protect newborns. At the same times we will explore long term solutions to increasing iodine intake such as improving iodized salt distribution to remote areas or identification of other commonly available processed foods that could be made with iodized salt.



### Facts & Figures

Population: **8,606,000 (2018)**

Iodine Status: **Adequate (2005)**

Iodized Salt Coverage: **59.7% (2009)<sup>†</sup>**

IGN Region: **South East Asia & Pacific**

Regional Coordinator: **Karen Codling**

National Coordinator: **Victor Temple**

<sup>†</sup> Percentage of households consuming salt with any iodine. UNICEF 2019.



## UNITED KINGDOM

### What is the current landscape?

In spite of the fact that the UK is a highly industrialized country, it has no legislation requiring that all salt be iodized. Recent surveys have suggested that the intake of iodine is quite low, especially amongst adolescent girls whose main source of iodine has been milk. British Salt, which is owned by TATA industries, has begun producing iodized salt for the UK market and requires broad promotion.

### What are our goals?

The goal is to introduce, and make more widely available, iodized salt into supermarkets in the UK.

### How do we get there?

IGN has been working together with British Salt, the UK Iodine Group and other partners to increase awareness about the importance of iodine nutrition and encourage that iodized salt be used, while not promoting an increase in salt consumption. Initial approaches to supermarkets have been made, but the demand remains quite low.

### Facts & Figures

Population: **66,650,000 (2019)**

Iodine Status: **Adequate (2015-16)**

Iodized Salt Coverage: **n/a**

IGN Region: **Western and Central Europe**

Regional Coordinator: **John Lazarus**

National Coordinator: **Peter N. Taylor**





## RUSSIAN FEDERATION

### What is the current landscape?

The Russian Federation is one of only two countries in the region of Eastern Europe and Central Asia without mandatory salt iodization. Several previous attempts aimed at adopting USI in the Russian Federation proved unsuccessful. However, over the past two years the Ministry of Health has been pushing for a USI law through the Government, which stipulates that all salt used by the bread industry be iodized.



### What are our goals?

The goal is to achieve consensus among all of the concerned government agencies and the food industry associations on the use of iodized salt in processed foods. So far, the Russian Bread Producer Association, which includes the major bakeries responsible for over 80% of bread produced in the country, supports this draft law. IGN has been working closely with the Ministry of Health to mandate the use of iodized salt in all commercial bakeries, which should be sufficient to cover population iodine requirements.

### How do we get there?

The aim is to have consensus on the final draft of USI law and submit to Parliament late-2020.

### Facts & Figures

Population: **144,500,000 (2018)**

Iodine Status: **Insufficient (2008-20) based on sub-national surveillance**

Iodized Salt Coverage: **n/a**

IGN Region: **Eastern Europe and Central Asia**

Regional Coordinator: **Gregory Gerasimov**

National Coordinator: **Ekaterina Troshina**



## MADAGASCAR

### What is the current landscape in Madagascar?

Recent data from Madagascar indicate very low coverage of iodized salt and moderate deficiency in the population. One of the major challenges is a highly fragmented salt industry and a lack of sufficient premix required by salt producers to iodize their salt.

### What are our goals?

As part of a broad multi-partner effort, there is a need to undertake a comprehensive review of the salt iodization program, including legislation, premix procurement

practices and increased government commitment.

### How do we get there?

Working in close collaboration with the Government, salt producers and UNICEF, there is a need to develop a clear road map to improve the salt program. IGN was able to facilitate the donation of iodine premix from the Government of Japan which has enabled a significant increase in the amount of salt being iodized, but there is further work to be done to consolidate the industry and undertake monitoring to assure quality production.

### Facts & Figures

Population: **26,262,000 (2018)**

Iodine Status: **Insufficient (2015)**

Iodized Salt Coverage: **26.2% (2015-16)<sup>†</sup>**

IGN Region: **Eastern and Southern Africa**

Regional Coordinator: **Festo Kavishe**

National Coordinator: **—**

<sup>†</sup> Rendremanana RV, et al. First national iodine survey in Madagascar demonstrates iodine deficiency. *Maternal and Child Nutrition* (2019) 15(2).



# DEVELOPMENT OF REGIONAL STRATEGIES AND ROADMAPS

A major focus of IGN in 2019 was to reinforce and strengthen its regional networks and collaboration amongst partners. Such a regional focus is an opportunity to develop unified approaches to move programs forward by leveraging the proficiencies of different stakeholders. While there has been tremendous success in many regions, there are still countries which have not been able to achieve optimal iodine nutrition and others which have had some positive results but have slid back in performance. Beyond that, even where there are mature and well-functioning salt iodization programs, they need to have the proper structures and political commitment to ensure sustainability.

The iodine agenda is unique because of the progress already achieved. We are on the verge of the global elimination of iodine deficiency and sustainable achievement of optimal iodine nutrition in all countries of the world. This can only be done with collaboration and synergy among partners.

The regional approach encourages all partners to come together to reflect on best practices and key program success factors, as well as examine what has not worked and what can be done differently. This process leads to the identification of strategic opportunities, which aim to be provocative and innovative. As important as the technical content of this work is, the intentional approach of working together leads to improved program efficiency and effectiveness. Through this process, the IGN is developing **regional road maps in close collaboration with partners.**

Interestingly, the value of this approach was one of the key success factors and articulated at a recent Gates Foundation meeting on large-scale food fortification. The lesson is that **'coordination through nodal agencies is critical to the success of fortification programs'** through strengthening of nodal agencies that can align various stakeholders to a common agenda, develop joint workplans, etc.



# MOMBASA DECLARATION

An example of strengthening regional partnerships took place in November 2019 when IGN, in partnership with UNICEF, Nutrition International (NI), WHO, Global Alliance for Improved Nutrition (GAIN), East, Central and Southern Africa Health Community (ECSA-HC) and the Kenyan Government, jointly supported a regional consultation in Mombasa, Kenya for countries in Eastern and Southern Africa. The purpose of the meeting was to re-energize and re-focus attention on salt iodization programs in the region, and led to high level engagement and commitment from those in attendance.

The 2019 Mombasa Consultation was a very productive gathering that brought together 79 participants from 15 countries to review progress, learn about emerging opportunities and reflect on strategic improvements to national programs.

The deliberations led to the [Mombasa Declaration](#), along with revised action plans for various countries.

The Consultation provided a framework for the development of a new inter-agency Regional Strategic plan that IGN is facilitating. This work builds on the power of regional partnerships and harmonization of actions, and will be replicated in three other regions in 2020. In each case, we work with key partners in an open and transparent manner, ensuring broad participation and ownership, and bring together key representatives of national programs from the Government, salt industry and development agencies. These groups discuss critical and emerging issues that can enhance regional and national salt iodization programs.

## Emerging from the Mombasa Consultation, the group declared the following:

- To reaffirm a commitment to strengthen partnerships and coordination through our National Food Fortification Associations and incorporate USI and Iodine Nutrition in their mandates
- To continue to advocate for all member states to adopt regional standards, enforce and report on compliance annually and using accountability mechanisms
- To address the challenge of production and distribution of adequately iodized salt
- To promote social marketing/communication and advocacy to create a demand for adequately iodized salt in all member states, creating public awareness on the importance of consuming iodized salt
- To continue to monitor and measure progress in keeping with the commitments in this declaration



# ARTISANAL SALT

In various parts of the world, artisanal salt has been promoted as a 'natural and unrefined product', making it attractive for special applications and packaged as a value-added commodity. There have been efforts by salt producers in Mexico and Central America to make this salt exempt from iodization, which threatens to undermine successful iodization programs. In Mexico, a country of 125 million people, if artisanal salt is exempted from mandatory iodization, it could leave between 3.5 and 6 million people vulnerable to iodine deficiency. A similar initiative is underway in Guatemala, but fortunately, there has been strong opposition to the exemption by groups such as Acción Ciudadana (AC), the University of San Carlos de Guatemala (USAC) and the College of Pharmacists and Chemists of Guatemala, groups that recognize the importance of maintaining universal salt iodization, which has led to the government agreeing to step back and examine proposed exemptions.

IGN strongly opposes exemptions to USI programs, which could lead to a decline of iodine in diets and we are being proactive to respond to these potential policy changes. At the same time, IGN recognizes that in some instances a 'finishing' salt is used for special gourmet applications, especially among affluent populations. In those situations, we would work together with governments and salt producers to ensure that these 'finishing' salts would be packaged in small quantities, in specific containers with different labels so that USI is not threatened.





## GLOBAL HIGHLIGHTS

Beyond the work that IGN undertakes to support national program efforts, we are also involved with the refinement of global guidance by making use of recent research and shifting development priorities. In this section, we highlight just some of the global projects we participated in and technical assistance we extended in 2019.

# IMPROVED MONITORING OF USI PROGRAMS

In partnership with UNICEF, IGN has hosted several webinars in English, French, Spanish and Russian on the ['Do's and Don'ts in monitoring salt iodization and determination of population iodine status'](#).

The webinars shared recommendations from the UNICEF Guidance on the monitoring of salt iodization programs and determination of population iodine status. Over time salt iodization programs have matured. Many countries have seen programs go to scale, leading to increase coverage and improvements in overall status. At the same time, it has become important to look at vulnerable population groups such as pregnant women, as well as the increasing importance of processed food as a carrier of iodized salt in order to further refine program design and ensure success. The webinar showed how program managers take these and other changes into account in monitoring. More than 500 colleagues from many countries in all continents joined the sessions and sparked a lot of enthusiasm and interaction. IGN will continue this dialogue and pursue the support of iodine programs.

The screenshot shows a web browser displaying the Iodine Global Network website. The URL is <https://www.ign.org/guidance-on-the-monitoring-of-salt-iodization-programmes-and-determinati>. The page features the IODINE globalnetwork logo, social media links for Facebook, Twitter, and YouTube, and a 'DONATE' button with a 'GiveWell' recommendation. The navigation menu includes HOME, NEWSROOM, ABOUT US, PARTNERS, RESOURCES, FORUM, and MEMBERS' AREA. A prominent banner reads: "Leading the global fight to eliminate brain damage due to iodine deficiency." Below the banner, a breadcrumb trail shows: < back You are here: Resources > Webinars. The main heading is "The Do's and Don'ts in monitoring salt iodization and iodine status". The sub-heading is "Guidance on the Monitoring of Salt Iodization Programmes and Determination of Population Iodine Status." Two webinar events are listed: "3 December 2019 - Russian webinar" and "16 January 2020 - Spanish webinar". Each event includes links for a PDF of the guidance, a powerpoint presentation download, and a webinar recording. On the right side, there is a vertical graphic with the IODINE and UNICEF logos and the text "for every" followed by a circular graphic containing the title of the guidance document and images of people.

# GLOBAL FORTIFICATION DATA EXCHANGE (GFDX)

Since the Global Fortification Data Exchange (GFDx) was launched in 2017, IGN, in partnership with the Food Fortification Initiative (FFI) and the Global Alliance for Improved Nutrition (GAIN), has been working diligently to improve the quality and quantity of data and making the data more actionable for users.



## Global Fortification **DATA EXCHANGE**

In March 2019, several new indicators were added to describe and visualize information useful for fortification program decision-making: details on legislation, proportion of foods processed in industrial-scale facilities (and which are thus fortifiable), existence of regulatory monitoring protocols, fortification quality or compliance, and population coverage of fortified foods. [A country dashboard](#) diving deeper into the national situation was added to provide a snapshot of all indicators for a country across the five included fortified foods: maize flour, oil, rice, salt, and wheat flour.

In late 2019, the GFDx surveyed all countries to update the GFDx with the new and current

information available from each country. Based on these updates, which are now available on the [GFDx website](#), there are 129 countries that have legislation for mandatory salt fortification and an additional 21 countries with voluntary salt fortification. Of the 129 countries with mandatory fortification, 118 include processed foods in the scope of the legislation and 85 have data on the proportion of households consuming fortified salt (and of these 68 have coverage of 70% or over). Unfortunately, the GFDx was not able to find evidence of government monitoring protocols in many countries and few countries provided data on quality/compliance of salt iodization at production level.

The GFDx has been working to help users contextualize, analyze, and interpret GFDx data to better leverage national program improvements. New indicators and analyses are coming soon to the GFDx to visualize the differences in health status before and after mandatory fortification legislation was enacted, to estimate the nutrient contribution from fortification, to assess the alignment of fortification requirements in food standards with WHO recommendations, and to provide evidence for the opportunity to fortify new foods in different countries. Visualizations for all of these new indicators and analyses will be launched on the GFDx website and available for download in Q2 2020.



# DOUBLE FORTIFIED SALT (DFS)

In 2018, IGN was asked to assist with developing an evidence-based summary on double fortification of salt (iodine and iron).

IGN facilitated the convening of a global consultation on experiences with DFS in order to outline the major requirements which need to be in place to rationalize investments in this intervention. A Steering Group of experts from multiple disciplines was engaged and background papers developed on the following topics:

- efficacy and effectiveness
- technical aspects of production
- program experience
- comparative analysis with other iron fortification vehicles.

The papers and evidence were reviewed by the Steering Group, which provided input to the authors, and a summary brief reflecting a consensus was developed. A peer-review journal was identified and accepted publication of these papers as a supplement, to be published late in 2020. The evidence base developed to date has been useful in providing information to policy makers considering DFS. IGN anticipates completing this work with the supplement publication, but will be available to consult further as needs arise.



# GUIDELINES ON THE USE OF IODIZED SALT IN PROCESSED FOODS

Although Universal Salt Iodization (USI) involves the iodisation of all food grade salt, including salt used in the manufacturing of processed foods and condiments, many national programs have focused almost exclusively on ensuring the iodization of household salt only. This has been done despite the fact that in many countries the majority of salt is consumed in processed foods and condiments.

To support countries in strengthening their understanding of the actual or potential contribution of industrially processed foods to iodized salt intake, and to develop recommendations to ensure an optimal salt iodization strategy, IGN developed draft program Guidance. The Guidance was piloted in five countries in 2019 and is now being finalized in the first half of 2020 for wider implementation. As well as improvements made based on lessons learned from the pilots, the Guidance has benefited from inputs from a variety of salt iodization program partners, including the private sector.

The Guidance is made up of six modules and will be available as a PDF and in e-format; the latter will facilitate internal links to resources, updates to the modules and the addition of new modules in the future, as understanding and evidence in this area increases. The Guidance includes tools and figures for carrying out the different steps in each module and for presenting and reporting the results. The modules are complementary to each other, providing an evidence base for the current situation, with guidance on interpretation of outcomes and how to formulate and advocate for relevant program improvements and policy changes.

Learning from the experience of and feedback from pilot countries, IGN expects the Guidance will help lay the groundwork for improvements in understanding of the salt iodization strategy and its implementation in many countries; a process that will ultimately improve equitable achievement of optimal iodine status in more countries.



# ALTERNATIVE METHODS TO ASSESS IODINE STATUS

The longstanding standard for countries to assess iodine status (and thus the success of their USI efforts) has been population-based national surveys every three years.

Unfortunately, this standard has not been met in many countries in part because of the cost of adding a biologic measure, such as urinary iodine, to surveys. As a result, among the 194 countries included in the 2019 IGN Scorecard, over half have surveys more than five years old, and a third are more than 10 years old. This data gap hinders understanding of progress and puts some countries at risk of unrecognized iodine deficiency. In addition, dietary patterns are changing with more people in all countries using processed foods, some of which may use iodized salt and thus be a 'hidden' source of iodine. Monitoring availability and consumption of these foods may be difficult, which makes frequent assessment of iodine status more important. To address this program requirement, several alternative approaches are being explored, including use of 'rapid' or 'convenience' sampling; sentinel surveillance systems as have been used for nutrition monitoring in Latin America; and use of antenatal care clinics to assess iodine status among pregnant women. These new approaches may make it easier for countries to track their national iodine programs and to better understand the balance between iodine intake from processed foods vs. table salt, and to help assess sub-national iodine status in remote areas.



# RESEARCH UPDATE

The impact of salt iodization on iodine nutrition is monitored by measuring urinary iodine concentrations (UIC) in spot urine samples. The median UIC (mUIC) is a reliable and well-established biomarker of population iodine status, but the current interpretation of mUIC has limitations.

Urinary iodine reflects recent iodine intake and is responsive to changes in iodine intakes in the population. WHO/UNICEF/IGN defines iodine status based on the median UIC obtained in population-based studies. This approach does not quantify the prevalence of individuals with habitually deficient or excess iodine intakes. Further, recent data suggests that the median UIC thresholds used to define iodine deficiency in pregnant women ( $<150 \mu\text{g/L}$ ) may be too high and that the range indicating optimal iodine nutrition ( $150\text{-}249 \mu\text{g/L}$ ) may be too narrow.

These research gaps are addressed in an international research project by IGN, ETH Zurich, UNICEF, USAID and numerous collaborators around the world.

The overall objectives of the research are:

- To develop and evaluate a novel method to estimate the prevalence of inadequate or excessive iodine intake in school-aged children and women of reproductive age;
- To redefine the range of median UIC that indicates adequate iodine intake during pregnancy for application in iodine nutrition surveys;

- To assess the impact of high temperature climates on UIC in young African women;
- To develop an easy-to-use software for data analysis and evaluation.

The project entails four international multicentre studies conducted in 30 countries with 19,400 participating subjects. The field work was completed in 2019 and the

study team is now evaluating the data. The project will be completed in 2020.

The research aims to form the scientific basis for future WHO/UNICEF/IGN program guidelines for iodine status assessment and monitoring in children, adults and pregnant women.



# 2019 ELECTIONS

The IGN Annual General Meeting (AGM) was held electronically on 25–28 June, 2019. Four directors were re-elected for a three year term and one new director was elected for a three year term.

## New Directors elected to the Board



**Lui Peng**  
China

## Directors re-elected to the Board

- |                        |                                  |
|------------------------|----------------------------------|
| <b>Maria Andersson</b> | <b>Srinivasan Krishnamachari</b> |
| <b>Rishi Kansagra</b>  | <b>Mu Li</b>                     |

# 2019 BOARD OF DIRECTORS

## Chair

**Michael Zimmermann**  
Switzerland

**Maria Andersson**  
Switzerland

**Srinivasan Krishnamachari**  
India

**Sergio Moreno**  
Mexico

**Omar Dary**  
USA

**Roland Kupka**  
USA

**Cria Perrine**  
USA

## Treasurer

**Nora Beninger**  
Canada

**Greg S. Garrett**  
Switzerland

**Mu Li**  
Australia

**Stan Soderstrom**  
USA

**Rishi Kansagra**  
Nigeria

**Lui Peng**  
China

**Lisa Rogers**  
Switzerland  
(Observer Status)

**Noor Khan**  
Canada

**Venkatesh Mannar**  
Canada



# 2019 MANAGEMENT COUNCIL

**Executive Director**

**Jonathan Gorstein**  
USA

**Senior Advisor**

**Robin Houston**  
USA

**Arnold Timmer**

Switzerland

**Accountant**

**Shelley Pelkey, CPA**  
Canada

**Communications Director**

**Jenna Kennedy**  
Canada

## REGIONAL COORDINATORS

**NORTH AMERICA**

**Elizabeth N. Pearce**  
USA

**CENTRAL AMERICA & CARIBBEAN**

**Ivette Sandino**  
Nicaragua

**SOUTH AMERICA**

**Ana Maria Higa Yamashiro**  
Peru

**WESTERN & CENTRAL EUROPE**

**John Lazarus**  
UK

**EASTERN EUROPE & CENTRAL ASIA**

**Gregory Gerasimov**  
USA

**MIDDLE EAST & NORTH AFRICA**

**Izzeldin Hussein**  
Oman

**SOUTHERN & EASTERN AFRICA**

**Festo Kavishe**  
Tanzania

**SOUTH ASIA**

**Chandrakant Pandav**  
India

**CHINA & EAST ASIA**

**Ming Qian**  
China

**SOUTH EAST ASIA & PACIFIC**

**Karen Codling**  
Thailand

### IGN MANAGEMENT COUNCIL MEETING 13-15 MARCH, 2019 | NEW DELHI, INDIA



IGN Management Council with hosts in New Delhi, India

In March 2019, the **Regional Coordinators and the Executive of IGN met in New Delhi, India** for the annual convening of the Management Council. The meeting provided an opportunity to discuss key global activities, critical new program and research innovations, as well as regional and national progress towards the elimination of optimal iodine nutrition. The meeting was organized by the local IGN office of Dr. Chandrakant Pandav and included a special celebration of the remarkable success realized in South Asia, in large part because of the tireless efforts of Dr. Pandav over the past thirty years.

## CONTACT US

### Finance Office (Registered Office):

Iodine Global Network  
240 Grandview Road  
Nepean, Ontario K2H 8A9

 [accounts@ign.org](mailto:accounts@ign.org)

### Executive Director's Office:

Iodine Global Network  
Executive Director  
6016 1st Ave NW  
Seattle, WA 98017 USA

 [jgorstein@ign.org](mailto:jgorstein@ign.org)

### IDD Newsletter/Iodine Blog

 [newsletter@ign.org](mailto:newsletter@ign.org)

### Other inquiries

 [info@ign.org](mailto:info@ign.org)

### Follow us on social media:

 [@iodineglobal](https://twitter.com/iodineglobal)

 [@iodineglobalnetwork](https://www.facebook.com/iodineglobalnetwork)

 [Iodine Global Network](https://www.linkedin.com/company/iodine-global-network)

## SUPPORT US

We are a GiveWell – and The Life You Can Save – recommended standout charity for our work supporting universal salt iodization, an evidence-based nutritional intervention. To find out how you can join our growing number of supporters, please visit: [www.ign.org/Donation](http://www.ign.org/Donation)



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

This report was produced by the Iodine Global Network with support from **RGD**. It can be copied and reproduced under a CC-BY license. Suggested citation: Iodine Global Network. The Iodine Global Network: 2019 Annual Report. IGN: Ottawa, Canada. May, 2020.

*Unless stated otherwise, in this report we have used photos shared under a Creative Commons license. Page 6: © GFC Collection (via Alamy Stock Photo); Page 7: © Tony Phillips; Page 10: © Anja Niedringhaus (via AP Photo); Page 14: © Nevenm (via Shutterstock); Page 15: Karen Codling, IGN; Page 16: © travelstock44 (via Alamy Stock Photography); Page 17: © Lena May (via Adobe Stock); Page 18: © dr322 (via Adobe Stock); Pierre Holtz © UNICEF; Page 21: © Krzysztof Slusarczyk (via Dreamstime); Page 24: © Walvis Bay Salt Holdings, Ltd. (salt plant in Namibia); Page 26: © Tolikoff Photography (via Shutterstock); Page 27: © Springdt313 (via Dreamstime); Page 28: IGN website; Page 29: © Chandrakant Pandav; Back cover: © G. Smith (CIAT).*