



PROTECTING YOUNG MINDS

**Accelerating Progress Towards Universal Salt Iodization
in West Africa: A Critical Time**

NETWORK FOR SUSTAINED ELIMINATION OF IODINE DEFICIENCY



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ACCELERATING PROGRESS TOWARDS UNIVERSAL SALT IODIZATION IN WEST AFRICA : A CRITICAL TIME

**REPORT OF THE WEST AFRICAN CONSULTATION
ON UNIVERSAL SALT IODIZATION¹**

OCTOBER 19-21, 2004.

DAKAR, SENEGAL

Organized by
The Network for Sustained Elimination of Iodine Deficiency

under the auspices of
The Economic Community of West African States (ECOWAS)
and
The West African Health Organization (WAHO)

¹ The West African Consultation on Universal Salt Iodization was held in Dakar, Senegal, on October 19-21, 2004 with the participation of country delegations from Benin, Burkina Faso, Côte d'Ivoire, The Gambia, Ghana, Guinea, Guinea-Bissau, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, and Togo. Cape Verde and Liberia regretted their inability to attend the Consultation but reiterated their commitment to the 2005 Universal Salt Iodization goal. Country delegations included representatives from both the private and the public sectors. The Consultation was also attended by delegations of regional and international organizations: Consumers International; the Economic Community of West African States (ECOWAS); the European Association of Salt Producers (Eu-Salt); Helen Keller International (HKI); the International Council for the Control of Iodine Deficiency Disorders (ICCIDD); the Micronutrient Initiative (MI); UNILEVER; the United Nations Children's Fund (UNICEF); the West African Economic and Monetary Union (UEMOA); the West African Health Organization (WAHO); the World Food Program (WFP) and the World Health Organization (WHO)

**I am with the fervent belief
that there is the will and political commitment in the Region
to make a difference for the health of our people.
And hence, the recommendations that will emanate from this
Consultation will spur us into accelerating the progress towards
Universal Salt Iodization in West Africa.**

Her Excellency Mrs. Isatou Njie-Saidy
Vice-President of the Republic of The Gambia



WEST AFRICAN CHILDREN CALL THEIR LEADERS FOR ACTION TO ACCELERATE PROGRESS TOWARDS UNIVERSAL SALT IODIZATION

Because a world fit for children is one in which all children get the best possible start in life, the Universal Declaration of Human Rights recognizes the right to adequate food and nutrition as a human right.

Because a world fit for children is one in which all children get the best possible start in life, the Convention on the Rights of the Child recognizes the right of every child to adequate food and nutrition.

Because a world fit for children is one in which all children get the best possible start in life, the leaders of our nations made a commitment at the World Summit for Children to eliminate the brain damage and learning ability losses associated with iodine deficiency.

Because the brain damage and learning ability losses associated with iodine deficiency can be prevented with as little as one teaspoon of iodine over the course of a lifetime, the leaders of our nations committed to achieve the elimination of iodine deficiency by 2005 mainly through universal salt iodization.

We are here today to thank you. Thank you because in the last 10 years many countries in West Africa have made excellent progress in making iodized salt available to many communities and families. In our region seven families in ten have access to iodized salt. As a result of this, seven million West African newborns are protected every year from the brain damage and learning ability losses associated with iodine deficiency.

However, we are also here to tell you that we are worried. We are worried because in many countries in West Africa less than half the families have access to iodized salt; as a consequence, every year three million West African infants are born unprotected from the brain damage associated with iodine deficiency because their mums did not consume iodized salt while they were pregnant.

Actually, we are here today to call you to act quickly with commitment and dedication to accelerate progress towards the goal of Universal Salt Iodization by 2005. We are asking you to ensure:

- That all the salt produced and imported in our region is iodized;
- That there is enough iodized salt for all families in every country;
- That all communities and families understand that iodized salt is best for optimal health, growth, development, and school performance; and
- That the salt that our parents buy in the markets has adequate levels of iodine.

So that throughout the 3-day Consultation and when you go back to your countries you remember our call to action, we are now going to give to each delegation three presents:

- The first one is a copy of the document “Africa fit for Children” so that you remember the commitment you all made to advance the right of all children to survival, health, development, education, and protection;
- the second one is a copy of the World Fit For Children Declaration, so that you remember that you made a commitment to achieve the Universal Iodization of Salt in West Africa by 2005;
- the third is a sample of the iodized salt we consume in our households, salt with iodine to feed our brains so that we can be bright in school and develop to the full of our potential. We are now calling to stand up the heads of the delegations (...). Please accept our presents.

(...) So let us conclude and say that among the many challenges that our region will need to face in the coming years, Universal Salt Iodization is one that can be overcome. This is a critical time to ensure that all children in West Africa go on to be physically healthy and able to learn and reach their full potential.

**LEAVE NO CHILD BEHIND!
CARE FOR EVERY CHILD!
PUT CHILDREN FIRST!**

Foreword

The Universal Declaration of Human Rights (1948) and the International Covenant on Social, Economic and Cultural Rights (1966) recognize the right to adequate food and nutrition as a human right. In the Convention on the Rights of the Child (1989), States parties recognize “the right of the child to the enjoyment of the highest attainable standard of health” and that they shall take appropriate measures “to combat disease and malnutrition through the provision of adequate nutritious foods”. In 1990, the largest group of national leaders ever assembled met at the World Summit for Children and committed themselves to specific goals to ensure - among others - the right of children to adequate nutrition. One of those goals was the sustained elimination of iodine deficiency. The United Nations General Assembly Special Session on Children (2002) renewed the commitment to achieve the sustainable elimination of iodine deficiency disorders (IDD) by 2005 mainly through universal salt iodization (USI).

Iodine is an essential element for child survival, growth, and development. Populations living in systems of subsistence agriculture are often locked into the vicious cycle of iodine deficiency: iodine deficient soils lead to iodine deficiency in all forms of plant life, including cereals grown in the soil. Recent estimates suggest that 2.2 billion people are at risk of iodine deficiency; most of them live in developing countries. The role of iodine deficiency in slowing fetal brain development and causing brain damage and learning ability losses is now well documented. A meta-analysis of 18 studies worldwide revealed that in iodine deficient populations the mean IQ was 13.5 points lower (i.e. almost one standard deviation) than that of non-iodine deficient populations. As correction of iodine deficiency before pregnancy prevents brain damage, iodine deficiency is now recognized as the major cause of preventable (but not reversible) brain damage and learning ability losses in children worldwide.

In the almost 15 years since the World Summit for Children, West Africa has seen remarkable progress in making iodized salt available to an increasingly larger number of households. Currently, an estimated 71% of West African households have access to iodized salt, a figure slightly higher than that for the sub-Saharan Africa region (66%). However, this 71% figure should not be taken to mean that West Africa is over two-thirds of the way towards the goal of USI. This relatively high regional average hides very significant intra- and inter-country disparities (household-level availability of iodized salt ranges from 2%-98%) and is largely explained by the fact that in Nigeria - the most populous country in the region - iodized salt is available in 98% of the households; when Nigeria is not taken into account, the availability of iodized salt in West African households falls to 46%. This means that every year over three million West African infants are born unprotected from the brain damage and learning ability losses due to intrauterine iodine deprivation because their mothers did not consume iodized salt during pregnancy. These children are often born to socially disadvantaged families, both in rural and urban areas.

With the exception of Mauritania, most West African countries with low access to iodized salt are highly dependent on salt production in Ghana and Senegal, the two major salt producers and exporters in the region. In both Ghana and Senegal salt production is dynamic and complex, with large industrial producers working alongside semi-industrial producers and hundreds of small-scale producers. Recent evidence suggests that unless national USI programs in Ghana and Senegal accelerate the rate of progress towards USI, the rest of the region will not be able to reach the 2005-USI goal.

The West African Consultation on Universal Salt Iodization (Dakar 19-21 October, 2004) was organized by the Network for the Sustainable Elimination of Iodine Deficiency under the auspices of the Economic Community of West African States (ECOWAS) and the West Africa Health Organization (WAHO) and attended by 120 senior delegates from public and private sectors and civil society from the 16 West African countries along with international organizations. The Consultation was conceived as a critical opportunity to ensure commitment and innovation for the final drive towards the 2005-USI goal. Through country presentations, group exchanges and plenary discussions, it became clear that if West Africa is to achieve the 2005-USI goal, six domains appear as priority areas for action:

- National USI programs need to become a policy priority;
- Availability of adequately iodized salt at the regional level needs to be increased;
- Quality control systems need to be strengthened;
- Policy needs to be enforced through effective monitoring systems;
- Consumers' demand for iodized salt needs to be increased and sustained; and
- National and regional coalitions for sustainable USI programs need to be made effective and accountable.

A stronger political commitment, a more favourable policy environment, the commitment of salt producers and importers, and community demand for iodized salt would ensure that iodized salt reaches the final 30% of unprotected households and translates into a new generation of West African newborns that go on to perform better in school and reach their full potential as productive citizens.

Among the many challenges that West Africa will need to face in the coming years, USI is one that can be met. The need is urgent and the solutions are available, effective, and affordable.

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SECURING POLITICAL COMMITMENT



■ *It is not the capacity of West Africa to achieve universal salt iodization that is missing; it is the political and policy commitment that needs to be further strengthened. A stronger political commitment will ensure that iodized salt reaches the final 30% of unprotected households and translate into a new generation of West African newborns that go on to perform better in school and reach their full potential as productive citizens.*

Carol Bellamy. Executive Director. United Nations Children's Fund (UNICEF).

■ *The progress made so far with salt iodization in West Africa confirms a long cherished belief that political commitment, technical solutions and funding required can indeed be harmonized to make serious inroads against a terrible and widespread scourge that need not be. But the job is not complete. Iodized salt needs to capture the remaining 30% of the market - those who do not receive it today are unfortunately among the most deficient.*

Venkatash Mannar. President. Micronutrient Initiative (MI).

■ *Given its strategic position as a major salt producer and exporter in West Africa, Senegal can and must contribute significantly to the elimination of iodine deficiency disorders in Africa. (...) Our immediate objective is this: bring the iodization rate of salt produced in Senegal to 90%.*

Ousmane Ngom. Minister of Trade. Senegal.

Securing political commitment

The concept of political commitment was clarified through country presentations, group work and plenary discussions. Country delegations felt that enacting laws is a necessary - yet not sufficient - step to secure political commitment to the 2005 USI goal; legislative action needs to be accompanied by a clear and comprehensive policy and accountability framework that ensures the effective enforcement of legislation. Thus, political commitment exists when there are both legislative measures and follow-through mechanisms that address policy prioritization, stakeholders' roles and partnerships, and monitoring, enforcement and funding mechanisms.

Policy prioritization. USI, as the national strategy to achieve the virtual elimination of iodine deficiency disorders, needs to be a policy priority on the government's agenda with strong links with other national priorities such as child survival, universal primary education, and poverty reduction. Positive statements by policy makers following the release of research, survey or evaluation findings on the national IDD/USI situation are important as long as both the USI objectives and the mechanisms to achieve them are clearly delineated. Existing advocacy tools such as the Vitamin and Mineral Deficiency Progress Report and the Damage Assessment Report can be used in high-level policy advocacy efforts to prioritize USI on national agendas.

Roles and partnerships. The clear definition of the roles of different ministries and stakeholders - including the private sector and international agencies - allows for an appropriate division of labour and, more importantly, for a shared understanding of responsibilities and accountabilities. Role clarification also allows for cascading commitment to USI down to the sub-national level, a crucial feature in an increasingly decentralized policy and program environment. The creation of an IDD/USI taskforce that includes public sector, industry, civil society stakeholders, and international development partners is an effective mechanism to optimize efforts and ensure coordination and sustainability. In some countries, a food fortification coalition/partnership addresses all national food fortification efforts and avoids the proliferation of too many small consultative/advocacy groups. Effective partnerships can serve to focus efforts on public enlightenment, mobilization and demand creation for iodized salt. They are also critical for the successful adherence to mandatory quality/iodization standards.

Monitoring and enforcement. Institutionalization of monitoring and enforcement (including provisions for non-compliance) through existing regulatory bodies is essential to ensure continuous progress towards the 2005 USI goal.

Funding. Budget allocation by national governments to a comprehensive USI program both at the national and sub-national level is a core indicator of political commitment, as the attainment and sustainability of USI in any given country depends ultimately on its institutionalization (needs to be country driven).

In light of the discussions and exchanges about how to ensure political commitment to USI, country delegations reached the following consensus:

- *All countries in West Africa need to respect the political commitment they made to achieving the goal of USI by 2005;*
- *High-level advocacy is needed to make the 2005 USI goal a national priority; advocacy for USI should be linked to other national priorities such as poverty reduction, child survival, and universal primary education;*
- *A clear policy framework that includes comprehensive legislation needs to be established and enforced;*
- *The roles and accountabilities of the key government sectors need to be clearly articulated;*
- *Governments need to create and/or maintain a budget line earmarked for a comprehensive USI program both at national and sub-national levels.*



Country Highlights

■ In **Nigeria**, salt iodization was initiated in 1993, when voluntary iodization was 40%. In 1999, USI was achieved and reconfirmed in 2002 and 2003. In 2004, 98% of Nigerian households were consuming iodized salt. Political commitment has been crucial to the achievement of the 2005 USI goal; political commitment has translated into strong leadership at the highest level (policy making), enhanced coordination (policy enforcement, quality assurance, quality control, and monitoring) and adequate budgetary allocations.

Dora Akunyili. Director General. National Agency for Foods and Drugs Administration and Control

■ In **Benin**, ten years after the implementation of the universal salt iodization strategy, we can affirm its success. Studies conducted in 2000 showed a mean iodine concentration in salt at the household level of 15.4 ppm, a significant reduction in the total rate of goiter (from 40%-60% in 1994 to 4% in 2000), and a significant increase in median urinary iodine concentration (from 4 µg/dl in 1994 to 42.4 µg/dl in 2000). However, although IDD are no longer a public health problem at the national level, the prevalence of IDD still ranges between 5% and 15% in two of the twelve provinces of the country.

Dr Denis Mikodè. Director. Applied Food and Nutrition Division (DANA). Ministry of Agriculture.

■ In **Burkina Faso**, new legislation since 2003 regulates the importing, commercialization and utilization of iodized salt; it concerns a number of large Ministries, applies to all salt (for human and animal consumption), and specifies that only salt with a National Certificate of Conformity can be imported to Burkina Faso. This legislative reinforcement and the control mechanisms - national certificates of conformity at borders and verification of conformity on the part of wholesalers - enabled in 2004, certification that 60% of households were consuming adequately iodized salt (30 ppm). The permeability of borders, less than optimal monitoring of the application of legislative texts and some socio-cultural resistance remain challenges for the achievement of Universal Salt Iodization in 2005.

Sylvestre Tapsoba. Director. Nutrition Division. Ministry of Health.

■ In **Mauritania**, iodizing salt presents unique challenges. The salt normally consumed by the population takes the form of large bars of rock salt. The population deems this type of salt therapeutic making the consumption of any other kind of salt unimaginable for the majority of Mauritians. The iodization of salt in this form then represents both a technical and cultural challenge, which is clear by the weak engagement in the USI dialogue of most producers and distributors of bar salt. Recent political and budgetary commitment at the highest state level to help economic operators to iodize and distribute rock salt has created new prospects for the attainment of USI in Mauritania.

Dr Idoumou Ould Mohamed Vall. Director. Health Protection Division. Ministry of Health.



ENSURING SALT IODIZATION IN EMERGENCY SITUATIONS



■ *Twenty years ago the consumption of iodized salt was essentially non-existent in Africa; today 71% of households in West Africa consume iodized salt. These positive results are encouraging. Yet, this figure masks important disparities between countries and within countries, between regions, even between districts.*

Dr Bruno de Benoist. Senior Nutrition Advisor. World Health Organization (WHO). Geneva.

■ *In West Africa, a new drive of commitment and innovation is needed to sustain and expand reliable universal protection against iodine deficiency so that no household, no family, no mother, and no newborn are excluded. With the effective tools and strategies at our disposal in West Africa, we cannot be satisfied with anything less than 100 per cent coverage. Closing the iodized salt gap in West Africa must be a first priority not a final step.*

Dr Rima Salah. Regional Director for West and Central Africa. United Nations Children's Fund (UNICEF).

Ensuring salt iodization in emergency situations

This central issue to West and Central Africa was illustrated through the experiences in the Democratic Republic of the Congo (DR Congo) and Sierra Leone. Protecting USI in emergency situations is challenging as emergencies are often characterized by mass internal displacement, influx of refugees from neighbouring countries in crisis, and/or pillaging of socio-economic infrastructures. Moreover, such situations are usually accompanied by the disruption of local salt production/iodization and thus a drop in household consumption of iodized salt. Country delegations found that some of the most important success factors to ensure universal access to adequately iodized salt in emergency situations revolve around three key words: preparedness, coordination and monitoring.

Preparedness. Governments need to ensure that the national policy framework makes provisions for ensuring the supply of iodized salt and adequate iodine nutrition in the population in the event of an emergency situation (be it a natural disaster or an armed conflict). This is important, as in emergency situations the major focus of political and community efforts is on the emergency itself and/or the missing and displaced persons. In such a situation, it is difficult to focus policy attention on iodized salt. Thus, the national USI program and the national emergency preparedness plan need to consider how to best ensure iodine supply and nutrition in the event of an emergency.

Coordination. Intersectoral committees of stakeholders - both at the national and sub-national level - can ensure the integration of salt iodization concerns in the action plans of health districts, including the application of disciplinary measures when national regulations on salt iodization are violated. In an emergency situation, decentralization enables district-level activities to continue, even when the central/national-level structures have been disrupted. Such committees need to ensure that the relief supplies provided by humanitarian organizations and international donors for emergency response, systematically include adequately iodized salt. The coordinated support of international relief agencies is critical to ensure the supply of adequately iodized salt as such agencies are often both front line workers and an important source of resources.

Monitoring. Control mechanisms need to be established/strengthened in the markets and distribution outlets to ensure that all salt available to the population - including that received as part of emergency relief donations - has adequate levels of iodine. When access to adequately iodized salt cannot be ensured by local production, policy makers need to take every action needed to secure the importation of salt with adequate iodine levels. Regulations for the importation of adequately iodized salt need to be enforced; in this respect, the collaboration among customs services of neighbouring countries at borders and ports of entry is essential to ensure that only adequately iodized salt enters the country/emergency zone during the emergency situation. Relief agencies have an important technical support role to play in monitoring the successful implementation of USI in emergencies. Experience shows that once the response to the acute phase of the emergency ends, access to adequately iodized salt can decrease as international relief organizations hand over the situation to national authorities. The status of iodine supply and nutrition needs to be monitored regularly, both in affected populations and host communities, so that salt iodization standards can be reviewed accordingly in a timely manner.

In light of the discussions and exchanges about how to ensure salt iodization in emergency situations, country delegations reached the following consensus:

- *Governments need to ensure that the national emergency preparedness plan makes provisions to secure adequate iodine nutrition in the population in the event of conflict and emergency; these provisions should be part of a comprehensive national policy and strategy on USI;*
- *Governments, donors, and humanitarian organizations need to ensure that all relief supplies for emergency response systematically include adequately iodized salt.*



Country Highlights

■ In **Sierra Leone**, war and conflict translated as well into the disruption of local production of iodized salt and the subsequent decrease in the ability of households to access iodized salt; between 1993 and 2000, the percentage of households consuming iodized salt dropped from 60% to 23%. With the return of peace and stability, it has been possible to intensify advocacy for continuous political commitment and support, mobilize resources - internally and externally - to rebuild the national salt iodization program, strengthen monitoring systems at various entry points, and foster community demand for iodized salt. A survey conducted in June 2003 showed that the national median urinary iodine concentration in Sierra Leone was 158 µg/l with only 34% of the population with urinary iodine concentrations below 100 µg/l.

Sylvetta Scott. Coordinator. National Nutrition Program.

■ In **DR Congo**, activities regarding the promotion and monitoring of the consumption of iodized salt continued in all provinces during the war. This was made possible by the Congolese Office of Control, which ensured the systematic monitoring of imported iodized salt (at ports of entry), and the United Nations' system, which ensured that the salt made available to refugees and displaced persons was adequately iodized. Thus, in 2001, 93% of households were regularly consuming iodized salt (18% in 1995). In 2005, an external evaluation will certify the elimination of iodine deficiency disorders as a public health problem in DR Congo.

Dr Théophile Ntambwe. Coordinator for Francophone Africa. International Council for the Control of Iodine Deficiency Disorders (ICCIDD). Former Director. DRC National Nutrition Program.

■ In **Liberia**, most salt is imported from neighboring Guinea, Côte d'Ivoire, Senegal and Ghana. In 1999, a national survey by the Liberian Ministry of Health showed that 83% of households were consuming iodized salt. In recent years war disrupted formal economic activity. Currently, a still unsettled domestic security situation has slowed the process of rebuilding the national Universal Salt Iodization Program. The current legislature plans to review a long-outstanding draft bill on the mandatory iodization of salt and to monitor the quality of imported salt so as to prevent non-iodized salt from entering the country.



**ENSURING THAT ALL SALT
PRODUCED IN THE REGION
IS EFFECTIVELY IODIZED**



- *What is the goal? The goal is to achieve by the end of 2005 the sustainable elimination of iodine deficiency disorders and the sustainable achievement of optimal iodine nutrition through the universal iodization of salt; this will both prevent brain damage and promote quality of life and socio-economic development.*

Professor Daniel Lantum. Regional Coordinator for Africa. ICCIDD.

- *All those who in one way or another, producers or distributors, large or small, have a responsibility in this economic sector, have in fact a moral obligation to use salt to serve the objective of eliminating iodine deficiency.*

Mr. El Hadji Diouf. Chairman, Board of Directors. Salins du Saloum Group. Senegal.

- *In Ghana and Senegal, the perspective that needs to drive the industry's intervention is to recognize the commercial advantages created by the challenge to eliminate iodine deficiency disorders through universal salt iodization in West Africa. Ghana and Senegal have the natural potential to enable that over 260 million West Africans have their share of iodized salt; this represents an estimated 1,000,000 MT per annum. The supply of iodized salt in West Africa is both a health issue and a human rights issue; for Ghana and Senegal it is also a business opportunity.*

P.V. Obeng. Chairman. Ningo Salt Industry. Ghana.

Ensuring that all salt produced in the region is effectively iodized

In West Africa, natural endowments exist to achieve self sufficiency in the production of salt; moreover, the region has sufficient technical capability to operate medium and large scale salt processing plants to ensure the production of adequate quantities of good quality salt with adequate levels of iodine. Existing inland and marine transportation facilities can ensure the distribution of locally produced iodized salt throughout West Africa. After country presentations and insightful discussions, country delegations agreed that in any given country, an effective division of labour among sectors to ensure the production of adequate volumes of good quality iodized salt is one in which regional institutions and national bodies set the regulatory and enabling environment, industry produces, packages, distributes, and markets good quality iodized salt and civil society and development partners assist in advocating with regional institutions, governments, and the private sector to comply with the prioritization of USI.

At the regional level, governments' commitment to USI needs to translate into regional iodization standards and legislation that include: a) a regional agreement regarding salt iodization levels: 65-40 ppm at the production level, so as to ensure adequate iodization despite environmental degradation; 30-20 ppm at the household level, so as to guarantee adequate iodine intake and protection against iodine deficiency to all household members; b) a regional agreement that ensures the sustainable availability and affordability of potassium iodate through effective procurement mechanisms; in all West African countries, potassium iodate should be exempt from import taxes; and c) a regional agreement to remove all tariff barriers that impede cross-border trade of iodized salt between West African Economic and Monetary Union (UEMOA) and non-UEMOA countries. The ECOWAS framework, which includes UEMOA countries, should be used to harmonize regional iodization standards, legislation, and guidelines.

At the country level, governments' commitment to iodization standards and legislation in salt producing countries, will prompt the private sector to ensure that the salt that industry produces - both for domestic consumption and for exporting to other West African countries - is adequately iodized. Governments' commitment to USI will ensure that appropriate iodization standards are both set and enforced (i.e. including sanctions for non-compliant salt producers). Iodization standards and legislation need to make it clear that all salt produced for purposes other than human consumption (i.e. animal consumption, food curing, textile dyeing, water softening, etc) needs to be iodized as well in order to prevent leakages of non iodized into the market. All salt producing countries have to ensure a sustainable procurement of potassium iodate; in the case of small-scale producers, the procurement of potassium iodate could be facilitated through the country's essential drugs procurement mechanism. In countries where the majority of salt is imported, control at the borders is essential to ensuring the demand is met for adequate iodized salt.

At the producer level, the commitment to USI needs to translate into a private sector that produces, packages, distributes, and markets adequate quantities of good quality iodized salt. The perspective driving industry's involvement in salt iodization is the recognition of the commercial advantages created by the challenge to eradicate IDD through USI. However, the private sector can contribute to solving a major human rights, social development and public health problem (i.e. the virtual elimination of brain damage and learning/productivity ability losses associated with iodine deficiency) while realizing its own corporate interest. Salt producers and traders need to develop and adhere to a comprehensive industry code of conduct to ensure USI and respond to a three-fold challenge: a) ensure the supply of iodized salt to the population at iodization levels that respond adequately to iodine intake requirements; b) ensure the supply of iodized salt to the population in forms that adequately respond to consumer preferences (packaging); and c) ensure the delivery of iodized salt at cost levels that will not serve as a disincentive to consume iodized salt (prizing within consumer's purchasing power). Small producers need to be supported by large-scale salt producers and the public sector to adequately iodize the salt they produce; such support needs to include technical expertise and access to supplies and equipment. Industry's commitment to cooperate with governments, civil society, and international agencies in advancing the USI agenda is essential to securing effective iodization.

At the community level, public enlightenment and awareness and the resulting demand for iodized salt can mobilize the private sector to produce adequately iodized salt - as supply follows consumers' demand - creating a sustainable environment for USI; without demand, there is little motivation to iodize salt, particularly on the side of small scale producers. Effective communication strategies can make a significant contribution to increasing community awareness about the consequences of iodine deficiency and the benefits of iodized salt consumption, and therefore lead to significant increases in demand for iodized salt. The role of community leaders (including traditional and religious leaders), women's organizations, youth organizations, and other community-based groups of influence in building community demand for iodized salt should not be underestimated. This can also mean the integration of the promotion of iodized salt in community nutrition packages and the organization of USI days at the national, sub-national, community, or school level.

In light of the discussions and exchanges about how to ensure that all salt produced in West Africa is effectively iodized, country delegations reached the following consensus:

- *Salt producers and traders need to develop and adhere to a comprehensive industry code of conduct to ensure USI;*
- *Small salt producers need to be supported by the public and private sectors so that they can ensure that the salt they produce is adequately iodized;*
- *All salt producing countries need to ensure a sustainable procurement mechanism for potassium iodate;*
- *The ECOWAS framework, which includes UEMOA countries, needs to be used to harmonize regional standards and guidelines on salt iodization;*
- *Tariff barriers that impede cross-border trade of iodized salt need to be removed.*



Country Highlights

■ In **Senegal**, current salt production is estimated at more than 350,000 tons per year, of which more than 80% is destined for export to 15 countries in West and Central Africa. 35% of the annual salt production in Senegal comes from 10,000 small scale producers. This important number of small producers, the dispersion of their production sites and the weakness of the services responsible for monitoring at the regional level, make the control of iodized salt difficult, permitting the export and availability in local markets of substantial quantities of non-iodized salt in packages labeled "iodized salt". This problem is compounded by the continued insufficient application of regulatory texts making the import of iodized salt mandatory on the part of importing countries. Amadou Niang. Director of Internal Commerce. Ministry of Commerce.

■ In **The Gambia**, local production of salt amounts to less than 1,000 tons per year; most of the salt consumed (>80%) is imported from Senegal. Legislation has been formulated, making it mandatory that all salt imported in The Gambia be adequately iodized; however recent evidence shows that very significant amounts of non-iodized or inadequately iodized salt coming from Senegal are filtering into The Gambia. It is therefore important that we work simultaneously on three fronts: a) increasing the capacity of local salt producers to iodize the salt they produce; b) developing the capacity of national bodies to enforce the existing legislation on salt iodization; and c) cooperate bilaterally with Senegal - both with the public and private sectors - to ensure that we succeed together in meeting the 2005 Universal Salt Iodization goal. Isatou Jallow. Executive Director. National Nutrition Agency (NaNA).

■ In **Guinea-Bissau**, an estimated 4,000 women are small scale salt producers. The Government and UNICEF are supporting two legally constituted organizations of female salt producers - AMPROSAL and APROSAL - that supply approximately 60% of the salt available in the market. The support provided to these two associations has included the provision of a salt iodization unit to each association, the training of female salt producers in the iodization and quality assurance processes, and the construction of a warehouse to ensure proper storage of salt. Salt is now sold in packages of 50, 10 and 5 kg, as well as in smaller packages of 500 and 250 grams. Moreover, since 2003 all packages carry a unified "iodized salt" logo to increase consumers' recognition and trust.

J. Sa Nogueira. Institutional and Political Advisor. Ministry of Public Health.

■ In **Ghana**, the challenge to the private sector is three fold: a) supply iodized salt in forms and at iodization levels that adequately respond to the iodine intake requirements of the population; b) deliver iodized salt at cost levels that do not serve as a disincentive to the consumption of iodized salt; and c) enable the expected progress towards the achievement of the Universal Salt Iodization goal by 2005. The supply of iodized salt is a health issue, a human rights issue, and a responsibility that the private sector shares with the government.

P.V. Obeng. Chairman. Ningo Salt Industry.



**MONITORING
THE QUALITY OF IODIZED SALT
AND ENSURING
ADEQUATE IODINE NUTRITION**



- *We need to work with large, medium and small producers across the region to ensure that all salt for human and animal consumption is effectively iodized. Salt exporters and importers should accept iodized salt as the only norm. Leakages of non-iodized salt across markets and borders need to be plugged.*

Venkatesh Mannar. President. MI.

- *That we can by the sole, simple, and inexpensive process of adding minute quantities of iodine to salt, have such a huge impact on society, is quite simply extraordinary. We can not waste this opportunity.*

Gérard Dumonteil. President. Salins Group. Representative of the European Association of Salt Producers (Eu-Salt).

- *Of the ten million West African infants who, every year, attempt to grow from defenseless newborns to proactive children, three million, year in and year out, run the risk of being stopped in their tracks as a result of iodine deprivation during intrauterine life; these infants are born unprotected from the brain damage and learning ability losses associated with iodine deprivation because their mothers and families do not have access to iodized salt. I am certain that you agree with me: this needs to stop!*

Dr Rima Salah. Regional Director for West and Central Africa. UNICEF.

Monitoring the quality of iodized salt and ensuring adequate iodine nutrition

In West Africa, community demand is not enough on its own to ensure adequate salt iodization. Monitoring the quality of iodized salt (including iodine fortification levels) is the first line of defence against sub-optimal iodine nutrition and associated iodine deficiency disorders in the population, as it ensures industry commitment to quality standards. Monitoring the quality of iodized salt and ensuring adequate iodine nutrition in the population at large is a multi-sectoral process where both the public and the private sectors - government and industry - must play crucial roles.

Adequate iodized salt

It is the government's responsibility to set the legislation and standards on salt iodization; it also is the government's responsibility to set the monitoring framework that will ensure the quality of salt (including adequate iodine fortification levels), with administrative and laboratory support as well as provisions to sanction any violation of iodization quality standards at monitoring points.

The Government needs to delineate the roles and accountabilities of each stakeholder involved in the effective monitoring and enforcement of salt quality and iodization levels at production sites, export sites, ports of entry, transformation sites, storage sites, retail facilities, and households. Identifying key monitoring points - critical to successful USI - at the border and industry levels is the most cost effective way to improve the effectiveness of the monitoring system.

Once roles and accountabilities have been clearly delineated, producers, exporters, importers, and vendors need to be able to monitor the quality of salt at their level and report to a higher monitoring/enforcement entity; making all stakeholders accountable for adherence to good-quality salt standards (including adequate iodine fortification levels) is the most cost-effective way to institutionalize sustainable monitoring systems.

Salt producers and traders need to be committed to USI, develop and adhere to a comprehensive industry code of conduct for USI, and ensure adequate internal quality assurance processes (including labelling) that can be confirmed by external quality assurance procedures. Small-scale salt producers may make monitoring difficult, as the means to monitor salt iodization activities in a decentralized fashion are often insufficient. Therefore, small scale producers should also be accountable for the quality of the salt they produce (i.e. good-quality iodized salt) but they will most probably need technical and logistical support by both the public and the private sectors for quality assurance and monitoring of the salt iodization process.

Adequate iodine nutrition

Monitoring and assessment of national USI programs needs to be a national responsibility, with support at the regional and global level. National survey data on iodine deficiency should be used to map out areas where iodine deficiency is still prevalent; such mapping exercise will reveal areas/regions where the iodized salt supply chain is failing because of logistical weaknesses, illegal importations, and/or socio-cultural determinants. Survey results must be communicated to the appropriate decision making levels so that the necessary adjustments are made. It is also important to guarantee that salt is not overly iodated so as to avoid excessive iodine intake.

The same way capacity development may be required so that the public and the private sector can monitor the quality of the salt iodization process, government bodies may need to strengthen their in-house capacity to assess the iodine nutrition status of the population.

Although establishing the adequacy of the iodized salt consumed at the household level does not guarantee adequate iodine intake, household level consumption quality data can inform program planning and help prioritize USI efforts. In countries where school enrolment is high, the school system may be a viable channel to assess if household salt is adequately iodized. The resulting information/data can also be used to advocate for the regular consumption of iodized salt.

Similarly, national media campaigns and the diffusion of educational materials concerning the role of communities in monitoring are essential for household compliance and consumption monitoring. The media can be used to share the monitoring results, and the necessary adjustment measures.

In light of the discussions and exchanges about how to monitor the quality of iodized salt and ensure adequate iodine nutrition, country delegations reached the following consensus:

- *Governments need to ensure that national legislation on salt iodization includes provisions to control the quality of iodized salt;*
- *Governments need to allocate adequate resources for timely monitoring of and reporting about their national USI programs;*
- *Governments need to strengthen legislation enforcement at production and importation sites as a national responsibility;*
- *Industries need to have adequate internal quality assurance systems for iodized salt;*
- *Monitoring and assessment of national USI programs need to be a national responsibility with regional and international support;*
- *A population-based assessment of access to iodized salt and of iodine nutrition needs to be conducted in several countries by early 2006.*

Country Highlights

■ In **Nigeria**, an expert consultative committee - a coalition of public, private and civil society partners - set clear and mandatory salt iodization standards: 50mg/kg at factory and port of entry level and 30mg/kg at distribution, retail, and household levels. It was then important to identify clear monitoring and enforcement roles for all parties concerned - national agencies and the private sector - so as to ensure routine monitoring, assessment and enforcement visits (including sanctions for non compliance) at ports of entry, factories, storage facilities, retail and household levels. Manufacturers are also tasked to carry out routine quality assurance checks along the distribution chain up to consumption level.

Dr Adenike Adeyemi. Director of Community Development and Population Activities. Federal Ministry of Health.

■ In **Benin**, points of conformity control were implemented in all departments and at customs posts to ensure that all salt sold is iodized according to national standards. This monitoring takes place country wide by mandated agents who belong to the inspection/repression body - with the support of consumers associations. This quality control mechanism aims at ensuring conformity to national standards on salt iodization, as well as on sodium chloride concentration, packing, labeling, and contamination levels. The law also prescribes sanctions for infractions or attempted infractions.

Dr Denis Mikodè. Director. Applied Food and Nutrition Division (DANA). Ministry of Agriculture.

■ In **Guinea**, the monitoring system for iodized salt is based on the lot quality assurance approach. This takes place at different levels: border posts, local production sites, warehouses, stores, markets and households. At border posts, the control of iodized salt imported from neighboring countries is ensured by quality control agents. In warehouses, stores and markets, control is ensured by regional nutrition committees of which quality control agents are members. Despite the constraints and certain failures in the monitoring system, consumption of iodized salt has increased from 0% in 1993 to 68% in 2003; the prevalence of goiter decreased from 64% in 1993 to 27% in 2003 (median urinary iodine concentration of 139 µg/l).

Ibrahima Kalil Kone. Coordinator. National Program for the Control of Iodine Deficiency Disorders.

■ In **Côte d'Ivoire**, a cross sectional survey was conducted in 2004 to assess the availability of iodized salt at the household level (4,680 households) as well as the prevalence of iodine deficiency disorders. The results of the survey showed that 98% of households were consuming iodized salt (objective > 90%). The proportion of individuals with urinary iodine concentrations below 100 µg/l was 28% (objective < 50%), the proportion of children with enlarged thyroid (goiter) was 4.8% (objective < 5%) and the median urinary iodine concentration was 203 µg/l (objective 100-200 µg/l). These results showed that the objective of eliminating iodine deficiency disorders is at hand. Still, certain pockets of deficiency persist and require sustained efforts. It is recommended to reinvigorate the surveillance and quality control systems and to reinforce partnerships between civil society and public and private sectors.

Professeur DJEHA Djokouéhi. Chief. Permanent Secretariat for the National Health Development Plan. Ministry of Health and Population.

■ In **Niger**, salt is mainly imported from Ghana (80%) and Senegal (20%) for an estimated total annual volume of 40,000 MT. Local salt production is below 3,000 MT. Since 1997, the production, importation and marketing of iodized salt are regulated by law; the regulation applies to both salt for human and animal consumption. Niger's eight departments are equipped with laboratories to monitor the quality of iodized salt. One hundred and twenty agents have been trained to monitor the concentration of iodine in salt. Salt is quality-tested at borders, in markets, and at the household level. Legislation includes provisions for penalties to non-compliers. According to MICS 2000, adequately iodized salt was available in 44% of households. Improving the quality control of salt throughout the country will continue to be a major piece in Niger's Universal Salt Iodization program until the 2005-USI goal is reached.

Halimatou Niandou Lazoumar. Chief. Nutrition Division. Ministry of Public Health.



SOCIAL MOBILIZATION AND COMMUNITY PARTICIPATION



■ *The USI goal can only be achieved by increasing the awareness of the community, so that families demand that their salt be iodized. However it is the private sector that iodizes the salt, so the commitment of the private sector is crucial. Governments, both nationally and regionally, need to provide the policy environment that will encourage the private sector to adequately iodize all salt.*

Carol Bellamy. Executive Director. UNICEF.

■ *No matter how we look at the problem, consumers are at the centre of the issue, because of their capacity to influence producers by their choices in product, and because of their capacity to make policy makers hear their voices as citizens.*

Pape Samba Ndiaye. Senegalese association for the protection of consumers and the environment (ASDEC). Member of Consumers International.

■ *When the industries are able to ensure the quality and affordability of the iodized salt they produce their brand becomes trusted and makes the healthy choice an easy choice to consumers.*

Herbert Smorenburg. Unilever Health Institute for Africa. Ghana.

■ *Salt - ordinary salt- constitutes the vehicle most apt for the general distribution of iodine. This is an extraordinary situation: there is no doubt that few things in the world are as easy, inexpensive and capable of having such an important impact on so many individuals, particularly children.*

Gerard Dumonteil. President. Salins Group. Representative of Eu-Salt.

Social mobilization and community participation

In West Africa, mobilizing communities around the benefits of iodized salt consumption is of utmost importance; community ownership of the national USI program can translate into increased demand for iodized salt and foster the enforcement of salt iodization legislation and quality control and assurance mechanisms.

Country delegations agreed that the participation of an enlightened community is essential to secure all stakeholders' commitment to the national USI program. Communities and consumers need to be placed at the centre of mobilization efforts around USI. Communication efforts and professionals need to recognize the capacity of communities to influence both the salt industry and policy makers in a decisive way, so that consumers' right to adequate nutrition, including iodized salt, is respected, protected, and/or fulfilled.

Social mobilization efforts need to link iodized salt consumption to priorities that are relevant to communities such as child survival and development or school readiness and performance. Social communication tools and strategies need to build on good quality formative research to ensure that messages are relevant to and accepted by the community; communities need to be reached through a mix of appropriate communication channels. Communication strategies can integrate the promotion of iodized salt in routine health and nutrition services or as part of USI events at the national, district, community or school levels. Large-scale social marketing can spur demand for iodized salt, making iodization a marketing requirement. The use of a certified and unified logo contributes to consumers' recognition of and demand for iodized salt.

Partnerships that include religious and traditional leaders, consumers' groups, women's and youth groups, civil society groups, NGOs, professional bodies, school teachers and school children, parliamentarians, advocates/champions, and the media should be at the forefront of mobilization efforts for USI. Community leaders are often the most effective at rallying communities around iodized salt as the least expensive and most effective and sustainable way to address iodine deficiency disorders. Consumers' organizations, civil society groups, and NGOs can play an important role in community awareness and mobilization activities aiming at protecting the rights of consumers and communities. Rallying the media behind the national USI program allows reaching a wider audience, for example through media coverage of major national and district-level events.

Collaboration between communities and national quality control bodies can ensure backstopping wherever monitoring and quality control capacity is weak. Community participation should therefore include broad based monitoring of compliance with iodization standards. Providing schools, community centres and/or women's associations with salt iodization test kits has been used in several West African countries as a simple means of involving communities in salt iodization monitoring and quality control. Communities can also be the best sensitization agent vis-à-vis small scale salt producers, particularly when these cannot be reached by more "formal" monitoring mechanisms. Inter-sectoral committees and alliances for salt iodization should definitely include consumers to ensure community participation and mobilization.

In light of the discussions and exchanges about social mobilization and community participation, country delegations reached the following consensus:

- *Stakeholders at all levels (national and sub-national, public and private) need to be involved in the national communication strategy for USI as they all have a role to play;*
- *Religious and traditional leaders, consumers' groups, professional bodies, school teachers, school children and the media need to be actively included in community partnership and social mobilization efforts for USI;*
- *Consumer demand for adequately iodized salt needs to be fostered to ensure the sustainability of national USI programs;*
- *Consumers need to be provided with clear information about the advantages of iodized salt for health and development through appropriate communication channels (including community-relevant approaches, printed materials and the media);*
- *Existing advocacy tools such as the Vitamin and Mineral Deficiency Progress Report and the*



Damage Assessment Reports need to be used to prioritize USI on the policy makers' agenda.

Country Highlights

■ In **Mali**, one of the strategies employed to increase the demand for iodized salt at the household level is social mobilization, community participation and the involvement of consumers. Local and mass media have played an essential role: since 1998, the training of independent radio professionals has ensured that media campaigns cover the airwaves in every region of the country and media coverage of major central and regional level events related to the national Universal Salt Iodization program. The implication of schools, women's associations and community centers was equally essential to increasing the demand for iodized salt in the community, particularly in rural areas (73% of the national population); one particularly important element was the training of women's, school and community associations to use iodine test kits in order to ensure regular monitoring of the availability and quality of iodized salt in local markets and at the household level.

Dr Mamadou Sidibe. Technical Advisor. Ministry of Health.

■ In **Cape Verde** - composed of 10 islands and 5 islets - salt is produced in the abundant salt marshes in the islands of Sal, Maio and Boavista; 100% of the salt consumed in Cape Verde is produced on these three islands. Since 2002, legislation dictates that all salt for human and animal consumption, whether produced locally or imported, be iodized. In 2003, the Ministry of Health launched a communication campaign to increase community demand for iodized salt. This communication campaign included calendars, pamphlets, posters, and games and was directed to consumers, producers, and distributors. The pamphlets explain the consequences of iodine deficiency and the benefits of iodized salt; besides, a new logo for packaged salt was introduced to facilitate consumers' recognition of iodized salt. Information materials directed at salt producers promote the need for salt iodization. Information materials directed at distributors encourage them to only sell salt with the "iodized salt" logo. Producers or resellers who do not iodize their salt face penalties for noncompliance.



BUILDING NATIONAL AND REGIONAL COALITIONS



■ *Institutions, private sector, and civil society in the ECOWAS region are being challenged to join a coalition for Universal Salt Iodization in West Africa, in accordance with their technical and institutional mission and comparative advantage to influence policy formulation and implementation.*

Kabba T. Joiner. Director General. West African Health Organization (WAHO).

■ *The path ahead is clear: Our governments need to make of national Universal Salt Iodization programs a policy priority; we need to increase the availability of iodized salt, strengthen our quality assurance and monitoring systems, and reinforce community demand for iodized salt. In this endeavor, the role of effective national and regional coalitions that include both the public and the private sectors will make the difference between failure and success.*

Dr Rima Salah. Regional Director for West and Central Africa. UNICEF.

■ *Salt iodization represents the first large-scale experience in national fortification of a commodity in many developing countries. It has highlighted the importance of collaboration between government, industry, international organizations, the community at large and other sectors. It has also offered insights into building and sustaining an intervention politically, technically, managerially, financially and culturally.*

Venkatesh Mannar. President. MI.

■ *For Nigeria, the way ahead is clear: sustain success, achieve Universal Salt Iodization (USI) certification in 2005, and apply the lessons we have learned from USI to achieve similar progress in the control of other micronutrient deficiencies... and of course, share the lessons we have learned with other countries in Africa: there is no success if we do not succeed together.*

Dr Adenike Adeyemi. Director of Community Development and Population Activities. Federal Ministry of Health. Nigeria.

Building national and regional coalitions

The effective cooperation of the public and private sector - key to the success of national USI programs - can be fostered through national and regional coalitions. A coalition of stakeholders with a common goal (i.e. the universal iodization of salt) can strengthen national leadership, coordination, ownership, and sustainability, while optimizing the use of resources and avoiding duplication of efforts.

Because the very nature of inter-sectoral cooperation is such that all invested parties are gathered around a common goal, the relationship must be based on mutual trust among stakeholders and inherently self-regulating. Each institution requires the active participation of the others and, as such, reinforces and monitors the progress of each coalition member.

Coalitions should communicate effectively, so as to engage its different members permanently in advancing progress towards reaching and sustaining the national USI goal: government, private sector, civil society, development partners and the media are often key players in such national coalitions for USI, although their composition can change from country to country (an over time). International agencies have an important role to play in engaging national stakeholders in a coalition building process.

In West Africa, a regional coalition for sustained USI could lead efforts to create a more favourable environment for national USI programs; this could include:

- Advocate for USI as a policy priority in national agendas;
- Demand the removal of inter-country trade barriers for iodized salt;
- Facilitate the sustainable supply of potassium iodate;
- Strengthen stakeholders' capacity in salt production and distribution;
- Monitor compliance with regional salt iodization standards;
- Assist in harmonizing quality standards at the regional level;
- Ensure that salt exporting countries comply with pre-shipment certification and entry port authentication.
- Maintain a database on fraudulent salt producers and distributors;
- Encourage the existence of state-of-the-art regional reference laboratories

A regional multi-sectoral coalition could therefore play a critical role in ensuring collaboration and coordination. Country delegations felt that ECOWAS has a comparative advantage to access the highest political authorities in the region and advocate effectively with governments and industry to advance national USI programs. Regional partnerships like the New Partnership for Africa's Development (NEPAD) should be used for high-level advocacy, sustained action and resource mobilization.

In light of the discussions and exchanges about national and regional coalitions for USI, country delegations reached the following consensus:

- *A national multi-sectoral and effective task force built on mutual trust, with a permanent secretariat needs to meet regularly to coordinate national USI efforts and provide a forum for decision makers' public accountability;*
- *In salt producing countries, salt producers need to organize themselves in associations so as to effectively coordinate their USI efforts; salt producing countries need to adequately iodize the salt they produce with pre-shipment certification and entry port authentication;*
- *A representative and effective regional body of ECOWAS Member States should actively advocate for strong national USI programs, and assist in harmonizing standards, removing trade barriers, building capacity, and monitoring programs;*
- *WAHO needs to coordinate partnerships for USI across ECOWAS (including UEMOA and West African Chambers of Commerce); regional partnerships like NEPAD need to be used for high-level advocacy and resource mobilization;*
- *International agencies need to help build national and regional stakeholders' capacity for USI while continuing advocacy efforts at the highest political level.*

Country Highlights

■ In **Nigeria**, salt iodization was initiated in 1993, when voluntary iodization was 40%; in 1999, Universal Salt iodization was achieved and was reconfirmed again in 2002 and 2003: 98% of Nigerian households are consuming iodized salt. The strategies that have worked are: Government leadership and oversight, systematic enforcement of mandatory legislation (no waiver), institutionalized monitoring (quarterly and annual progress reviews undertaken by the national Iodine Deficiency Disorders Taskforce), generic social marketing for the general population with emphasis on endemic areas, a unified logo to enhance consumers' recognition and the partnership principle: a shared objective - iodize all edible salt - for all stakeholders. Dr Adenike Adeyemi. Director of Community Development and Population Activities. Federal Ministry of Health.





CONSENSUS STATEMENT



WEST AFRICAN CONSULTATION ON UNIVERSAL SALT IODIZATION

ACCELERATING PROGRESS TOWARDS UNIVERSAL SALT IODIZATION IN WEST AFRICA

Ensuring Political Commitment, Fostering Partnerships, Reaching the Goal

A CRITICAL TIME Dakar; October 19-21, 2004

Organized by **the Network for Sustained Elimination of Iodine Deficiency** under the auspices of **the Economic Community of West African States (ECOWAS)** and **the West African Health Organization (WAHO)**

CONSENSUS STATEMENT

A Regional Consultation was held in Dakar, Senegal, on October 19-21, 2004 with the participation of country delegations from Benin, Burkina Faso, Côte d'Ivoire, The Gambia, Ghana, Guinea, Guinea-Bissau, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, and Togo². Country delegations included representatives from both the private and the public sectors. The Consultation was also attended by delegations of regional and international organizations³. The following consensus was endorsed by the country delegates:

Whereas:

- In West Africa, iodine deficiency is the main cause of preventable brain damage, mental retardation, and learning ability losses affecting millions of children;
- ECOWAS Member States have ratified the Universal Declaration of Human Rights that recognizes the right to adequate food and nutrition as a human right;
- In 1994, ECOWAS Member States had agreed to take every necessary step - including mandatory legislation - to ensure that by the end of 1995, all salt for human and animal consumption would be adequately iodized as a means to eliminate iodine deficiency by the year 2000;
- In 2002, ECOWAS Member States further committed at the United Nations General Assembly Special Session on Children to achieve the goal of sustained elimination of iodine deficiency by the year 2005 through universal salt iodization (USI);

² Cape Verde and Liberia regretted their inability to attend the Consultation but reiterated their commitment to the 2005 Universal Salt Iodization goal.

³ Consumers International (represented by the Association Sénégalaise pour la Défense de l'Environnement et des Consommateurs); the Economic Community of West African States (ECOWAS); the European Association of Salt Producers (Eu-Salt); Helen Keller International (HKI); the International Council for the Control of Iodine Deficiency Disorders (ICCIDD); the Micronutrient Initiative (MI); UNILEVER; the United Nations Children's Fund (UNICEF); the West African Economic and Monetary Union (UEMOA); the West African Health Organization (WAHO); the World Food Program (WFP); and the World Health Organization (WHO).

- ECOWAS Member States have also endorsed the Development Goals of the Millennium Declaration that include among others the reduction of poverty, hunger and malnutrition by half, the reduction of child mortality by two thirds, and the achievement of universal primary education by 2015;

- ECOWAS Member States have so far secured access to iodized salt for 70% of households in West Africa; constraints remain as revealed by the fact that access to iodized salt ranges from 2% to 98% both within and between countries.

A West African Consultation was called to identify ways to accelerate progress towards USI in West Africa by 2005 and to sustain that level thereafter. As a result of the exchanges and discussions, the following recommendations were endorsed for immediate action:

1. Securing political commitment to USI

- All countries in West Africa need to respect the political commitment they made to achieving the goal of USI by 2005;

- High-level advocacy is needed to make the 2005-USI goal a national priority; advocacy for USI should be linked to other national priorities such as poverty reduction, child survival, and universal primary education;

- A clear policy framework that includes comprehensive legislation needs to be established and enforced;

- The roles and accountabilities of the key government sectors need to be clearly articulated;

- Governments need to create and/or maintain a budget line earmarked for a comprehensive USI program both at national and sub-national levels.

2. Ensuring salt iodization in times of conflict and emergency

- Governments need to ensure that the national emergency preparedness plan makes provisions to secure adequate iodine nutrition in the population in the event of conflict and emergency; these provisions should be part of a comprehensive national policy and strategy on USI;

- Governments, donors, and humanitarian organizations need to ensure that all relief supply for emergency response systematically includes adequately iodized salt.

3. Ensuring that all salt produced in West Africa is effectively iodized

- Salt producers and traders need to develop and adhere to a comprehensive industry code of conduct to ensure USI;

- Small salt producers need to be supported by the public and private sectors so that they can ensure that the salt they produce is adequately iodized;

- All salt producing countries need to ensure a sustainable procurement mechanism for potassium iodate;

- The ECOWAS framework, which includes UEMOA countries, needs to be used to harmonize regional standards and guidelines on salt iodization;

- Tariff barriers that impede cross-border trade of iodized salt need to be removed.

4. Monitoring the quality of iodized salt and ensuring adequate iodine nutrition

- Governments need to ensure that national legislation on salt iodization includes provisions to control the quality of iodized salt;
- Governments need to allocate adequate resources for timely monitoring of and reporting about their national USI programs;
- Governments need to strengthen legislation enforcement at production and importation sites as a national responsibility;
- Industries need to have adequate internal quality assurance systems for iodized salt;
- Monitoring and assessment of national USI programs need to be a national responsibility with regional and international support;
- A population-based assessment of access to iodized salt and of iodine nutrition needs to be conducted in several countries by early 2006.

5. Social mobilization and community participation

- Stakeholders at all levels (national and sub-national, public and private) need to be involved in the national communication strategy for USI as they all have a role to play;
- Religious and traditional leaders, consumers groups, professional bodies, school teachers, school children and the media need to be actively included in community partnership and social mobilization efforts for USI;
- Consumer demand for adequately iodized salt needs to be fostered to ensure the sustainability of national USI programs;
- Consumers need to be provided with clear information about the advantages of iodized salt for health and development through appropriate communication channels (including community-relevant approaches, printed materials and the media);
- Existing advocacy tools such as the Vitamin and Mineral Deficiency Progress Report and the Damage Assessment Reports need to be used to prioritize USI on the policy makers' agenda.

6. Building national and regional coalitions

- A national multi-sectoral and effective task force built on mutual trust, with a permanent secretariat needs to meet regularly to coordinate national USI efforts and provide a forum for decision makers' public accountability;
- In salt producing countries, salt producers need to organize themselves in associations so as to effectively coordinate their USI efforts; salt producing countries need to adequately iodize the salt they produce with pre-shipment certification and entry port authentication;
- A representative and effective regional body of ECOWAS Member States should actively advocate for strong national USI programs, and assist in harmonizing standards, removing trade barriers, building capacity, and monitoring programs;
- WAHO needs to coordinate partnerships for USI across ECOWAS (including UEMOA and West African Chambers of Commerce); regional partnerships like NEPAD need to be used for high-level advocacy and resource mobilization;
- International agencies need to help build national and regional stakeholders' capacity for USI while continuing advocacy efforts at the highest political level.

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PROTECTING YOUNG MINDS

**Accelerating Progress Towards Universal Salt Iodization
in West Africa: A Critical Time**

NETWORK FOR SUSTAINED ELIMINATION OF IODINE DEFICIENCY