

priority. The following are some challenges faced by the complementary food industry in fortifying foods for young children: The current available national capacity cannot fulfill more than 25% to 30% of the total requirement; the duration of usage of complementary

food is shorter than that of usage of milk; the perceived image of complementary food is still low among mothers; regulations need to be revised and established; and there is a lack of long-term strategic nutritional plans and programs at the regional level.

5. Lao People's Democratic Republic

Programs for micronutrient-deficiency control in the Lao People's Democratic Republic

S. Naphayvong, P. Vongvichit, and M. Deitchler, and J. Knowles

This paper addresses iodized salt and vitamin A-supplementation programs. The case study aims to describe these programs, document the story leading to program initiation, describe the challenges and successes met in program implementation, and provide data on the extent of the impact achieved.

High rates of micronutrient deficiencies have been documented in recent years in Laos. Prior to adoption of national micronutrient-deficiency control programs in the country, approximately 95% of school-aged children were reported to have suboptimal iodine status (urinary iodine < 100 µg/L), and 65% of children were reported to have deficiencies in iodine (urinary iodine < 20 µg/L). The prevalence of night-blindness was estimated as 0.7%, among children 24 to 71 months of age and 5.7% among lactating women.

The Laotian Government responded to reports of widespread micronutrient deficiencies in the country by adopting national programs for iodized salt and vitamin A supplementation. Both the iodized salt program and the vitamin A-supplementation program have been consistently implemented since initiation, and although they have faced various constraints and challenges in program implementation, they have both achieved notable success in program delivery.

The iodized salt program has already achieved a

high level of impact nationwide. All recent coverage and prevalence data available show high use of iodized salt (> 75% of households using adequately iodized salt in 2000) and low rates of iodine deficiency (27% with urinary iodine < 100 µg/L). Data on vitamin A supplementation are more difficult to interpret; the Ministry of Health reported coverage to children of 70% for almost all rounds and years of VAC distribution. However, a national survey in 2000 showed that among children under five years of age, 44.7% had serum retinol < 20 µg/dl and more than 7% had serum retinol < 10 µg/dl.

The consistent implementation of the iodized salt and vitamin A-supplementation programs is evidence of the Laotian Government's commitment to controlling micronutrient deficiencies in the country. The national government's collaboration with international and bilateral agencies, as well as with foreign governments, in the design and implementation of the program has facilitated program delivery. The various successes already achieved by the programs are due largely to the collaborative efforts of these bodies in establishing appropriate systems for enhanced program delivery, monitoring, and evaluation. However, some aspects of both the iodized salt and the vitamin A-supplementation programs still need further development. Increased capacity for improved program delivery and enhanced systems for monitoring and evaluation of each of the programs are desired. Ensured sustainability of currently implemented programs and identification of a longer-term strategy for the control of vitamin A deficiency are additional program concerns.

S. Naphayvong and P. Vongvichit are affiliated with the Ministry of Health, Vientiane, Laos; M. Deitchler was with the Department of International Health and Development, Tulane School of Public Health and Tropical Medicine, New Orleans, Louisiana, USA, and is now affiliated with the FANTA project in Washington, DC. J. Knowles is an independent consultant.