

ISLAMIC REPUBLIC OF IRAN: SUSTAINED POLITICAL WILL BRINGS A SUSTAINED TURNAROUND

Just 50 years ago, iodine deficiency disorders (IDD) were endemic in the Islamic Republic of Iran. At the end of the 1950s, goitre afflicted 10–60 per cent of the population. But since the IDD National Committee was established in 1988, the country has all but eliminated IDD.

“In 1989, Iran introduced a new programme to achieve universal salt iodization in the country, which effectively led to the elimination of IDD,” says Seyed E. Asaei, early childhood development specialist with UNICEF Iran. “By May 1995, Iran had a total of 40 units producing iodized salt, and their products were distributed throughout the country. This programme still exists and is led by an executive officer who answers to the Government on all issues related to the IDD initiative.”

Legislation requiring universal iodization was passed in 1992. This important step was accompanied by a far-reaching education and social mobilization campaign that persuaded the general public about the merits of iodized salt and the health hazards related to IDD.

Statistics from the period between 1989 and 2006 give a vivid picture of the campaign’s success. The total goitre rate in schoolchildren fell from 68 per cent to less than 10 per cent, and consumption of adequately iodized salt in Iranian households mushroomed to more than 98 per cent. Most important, the intelligence quotient of children in previously hard-hit areas went up by 9 per cent.

Progress is regularly assessed, and many more laboratories are now able to provide the necessary analysis and data on salt and urinary iodine levels. The IDD executive officer has a mandate to regularly collect data on salt iodine at the factory, retail and household level in all the country’s provinces, and the findings are confirmed by laboratory analysis. Every five years, goitre rate, iodized salt consumption and urinary iodine are monitored on the national level. Every three months, environmental health specialists visit markets in urban areas to test the salt at retail level. Everywhere food is produced – restaurants, hospitals, child care centres and canteens – salt iodine levels are checked regularly, and the results are fed into national databases. In rural areas, testing is done once a year in every household and every six months in schools.

“Cooperation from the salt industry with regard to the quality control is excellent,” says Mr. Asaei. “The Ministry of Health and Medical Education maintains a database that contains the results of these regular monitoring procedures, particularly for salt iodine and urinary iodine.”

The turnaround in the Islamic Republic of Iran has been strong political will leading to a coherent, far-reaching and sustainable policy to promote awareness and provide iodized salt to virtually everyone. “Another crucial element of Iran’s achievements is cooperation,” says Mr. Asaei. “Without efficient and committed collaboration between health care providers, IDD experts, salt producers, communication specialists and consumer associates, the IDD initiative could not have been as successful.”