

UNICEF

Ending Iodine Deficiency

Television News B-roll

TRT: 5:40

- * Tanzania: salt harvesting
- * Visuals of iodized salt and Tanzanian Salt Acts documents
- * Students holding salt as teachers test samples for iodine in schoolyard
- * Doctor examining students for goitre. Girl student diagnosed with goitre crying. Doctor lecturing teachers about iodine deficiency
- * China: UNICEF senior advisor Ray Yip examines students for goitre. Students being tested for I.Q. loss
- * Chart illustrating I.Q. loss caused by iodine deficiency
- * Salt factory: salt being washed, iodized and bagged
- * Chinese food market: Mother and son buying iodized salt. Food being cooked with iodized salt
- * Ukraine: Young girl is examined for goitre.
- * Hospital: laboratory assistants checks iodine content in samples
- * Interview: Edmond McLoughney, UNICEF, Macedonia

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1:04:33	Hospital: laboratory assistants checks iodine content in samples
1:05:04	Interview bite with Edmond McLoughney, UNICEF, <u>Macedonia</u> : <i>"As many as many as 80 percent of the 400 million odd people in the Eastern Central Europe and CIS region are affected by iodine deficiency. Now, this has very serious consequences, especially for young children. It can affect their mental development, it can affect their health and, in fact, it is estimated that as many as 10 to 15 I.Q. points are lost through this problem."</i>
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Story background for Ending Iodine Deficiency:

Ending iodine deficiency: A goal within our grasp

The human right to good nutrition argues for actions that ensure the adequate intake of iodine, a micronutrient essential for health. Despite the fact that such efforts are relatively simple and inexpensive, the survival, growth and development of millions of children around the world are threatened because their diets lack iodine.

The problem of iodine deficiency is especially serious for pregnant women and young children. It can retard foetal development and, in severe cases, result in foetal death or extreme physical and mental growth retardation – a condition known as cretinism. Even milder deficiency can cause significant mental and physical retardation.

In early childhood, iodine deficiency can impair speech and hearing, motor development and physical growth. In both adults and children, chronic iodine deficiency causes goitre, a disorder characterized by swelling of the thyroid gland. Iodine deficiency also affects individual intelligence and, where the condition is prevalent, can lower the average intelligence quotient (IQ) of a population by as much as 13 points, with serious implications for the broader human development potential of entire nations. Grouped together, goitre, cretinism and delayed physical and mental development due to iodine deficiency are known as iodine deficiency disorders (IDD).

Iodine deficiency has an enormous impact on communities and nations. The high costs associated with treating goitre, brain damage and cretinism are surpassed by the unquantifiable social and economic losses that result when generations are marked by diminished mental and physical capacities.

But iodine deficiency is remarkably simple to treat. Adding iodine to deficient diets will eliminate the less severe forms of goitre and improve the mental and physical development of children mildly affected by IDD. While the most severe forms of IDD – such as cretinism – cannot be reversed, they can easily be prevented by ensuring that all people receive adequate

amounts of iodine in their diets – the equivalent of a mere teaspoonful over a lifetime.

Iodized salt: A simple solution

Salt has been routinely iodized in the industrialized world since the 1920s, but in the developing world, as recently as 1990, fewer than 20 per cent of people at risk of iodine deficiency had access to iodized salt.

The simple process of iodizing salt can eliminate IDD. Assessments at that time indicated that an estimated 750 million people were affected by goitre, 43 million had brain damage, and 100,000 children were being born each year with cretinism, conditions due to iodine deficiency.

In 1990, Heads of State and Government from more than 70 countries met at the World Summit for Children in New York to set a number of ambitious goals for children – including the goal of eliminating iodine deficiency disorders by the year 2000. World leaders specifically identified universal salt iodization as the means to achieve this goal, and their decision was affirmed in subsequent sessions of the World Health Assembly.

Much progress has been made since that historic World Summit. Today, 14 million infants have been protected from serious mental retardation because of iodized salt. The number of children born each year with cretinism has been more than halved. Approximately 70 per cent of households are using iodized salt.

Over 90 per cent of the populations in 28 countries use adequately iodized salt. In an additional 37 countries, more than half of the population is protected from IDD by using iodized salt. These 65 countries include China, India, Indonesia and Nigeria as well as a number of poorer countries such as Bangladesh, Benin, Burundi and Eritrea. By iodizing salt, they are protecting their populations against the visible effects of iodine deficiency, such as goitre and cretinism. But they are also guarding people against the less visible but equally serious consequences, which include reduced IQ and diminished mental capacity.

However, the Summit goal is yet to be reached. While progress has been impressive, and some of the world's poorest nations have achieved high salt iodization coverage, there are still 36 countries – with a combined population of 1.5 billion people – where less than half of the population uses iodized salt. This list includes the majority of countries in Central and Eastern Europe and the Commonwealth of Independent States, where once-adequate salt iodization rates have dropped dramatically in recent years and iodine deficiency disorders have resurfaced.

Partnerships for progress

In 1990, when leaders at the World Summit established the goal of eliminating iodine deficiency disorders, they knew that political will and public commitment would be necessary to achieve it. But since then, it has become evident that this effort on behalf of human rights also requires a strong partnership between both the public and private sectors.

Salt iodization is not only simple but also inexpensive. Nevertheless, it calls for high-level government commitment, expressed in clear legislation containing provisions for quality monitoring, as well as partnerships with local, national or global salt producers. Equally important, it requires the creation of public awareness about iodine deficiency – an effort that also builds demand for iodized salt.

What has been learned in the years since the World Summit is that no single intervention will eliminate IDD. Progress so far is due to the work of strong partners who have not only backed the initiative financially but have also taken broad measures to promote it – from persuading governments to enact salt iodization legislation to mobilizing diverse sources of additional funding and support.

One such partner is Kiwanis International, whose Worldwide Service Project has raised money but also public and political support for IDD elimination. In 1999 alone, Kiwanis International's contribution helped save some 8 million infants from the risk of mental retardation and other iodine deficiency disorders.

Major partners also include non-governmental organizations (NGOs) such as the International Council for the Control of Iodine Deficiency Disorders (ICCID), the Micronutrient Initiative (MI) and the Programme Against Micronutrient Malnutrition (PAMM). These organizations have provided technical expertise, expanded the number of trained professionals in developing countries and assisted in advocacy activities.

Governments such as Australia, Canada, Germany, Japan, the Netherlands and the United States have lent major support to IDD elimination efforts. Several governments in developing countries, including Bolivia, Bhutan, China and Ecuador, took early action to solve the problem, showing other countries the way forward. In addition, there are many unsung heroes among the partners, including the teachers who have helped test salt in schools and spread awareness among their students and the developers of the easy-to-use salt test kit.

The most critical partner to future progress in eliminating IDD is the salt industry. Salt producers must commit to ensuring that all salt, everywhere, is iodized. They can also be instrumental in creating a demand for their product by educating consumers about its importance. At recent regional meetings in Bogotá, Kiev and Mombassa, salt producers, governments and other concerned parties have pledged to work together to eliminate iodine deficiency. Alliances such as these pave the way for tomorrow's successes.

Eliminating IDD permanently requires vigilance. Even in countries where salt has been iodized, the key task of sustaining progress remains. This means ensuring not only that the poorest and hardest-to-reach populations have access to iodized salt but also that iodization levels in the salt remain sufficient. Experience has shown that iodine deficiency disorders resurface as soon as iodization levels fall below minimum requirements. It is imperative, therefore, that salt iodization levels be continually monitored along with the iodine status of the population. And these levels must be adjusted to match changes in dietary iodine intake over the years. Clearly, much remains to be done if IDD is to become a part of our past, not our future.
