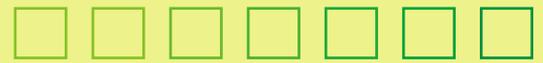
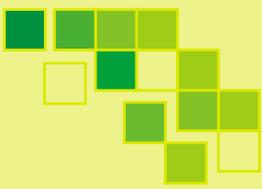


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- 2nd BNF Symposium
- State level IDD Meetings in India

## 28th Meeting of Ministers of Health of Member States of the WHO South-East Asia Region and 63rd Session of the WHO Regional Committee for South-East Asia Bangkok, Thailand, 7-10 September, 2010





I oðke-LofLr Hkorq  
 I oðke-l flurj Hkorq  
 I oðke-i wke-Hkorq  
 I oðke-eaxe-Hkorq  
 May auspiciousness be unto all  
 May Peace be unto all  
 May fullness be unto all  
 May prosperity be unto all

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## ICCIDD Vision, Mission & Dedication

**Vision:** The vision of ICCIDD is a world virtually free from Iodine Deficiency Disorders with national endeavors to maintain optimal iodine nutrition primarily through consumption of iodised salt, which should be made easily available and affordable for all people for all times.

**Mission:** The mission of ICCIDD is to provide a focused advocacy to governments and development agencies, of a continued priority for iodine nutrition, providing technical expertise in a multi disciplinary approach.

**Dedication:** ICCIDD dedicates itself to programs fully supported at the national level for permanent, sustained success and will work with all partners and national entities towards that end.



## Editorial

Dear Colleagues,

As ICCIDD Representatives, Dr Kapil Yadav and I participated in the 28th Meeting of Ministers of Health of Member States of the WHO South-East Asia Region and 63rd Session of the WHO Regional Committee for South- East Asia, Bangkok held from 7th to 10th September, 2010. We made a brief statement at the meeting on behalf of International Council for Control of Iodine Deficiency Disorders (ICCIDD). ICCIDD has a consultative status with both WHO and Unicef and participation in such meetings of these agencies helps in sensitizing senior management of these agencies to IDD initiatives in the region. The initiatives to combat Iodine Deficiency Disorders in the region were mentioned in the speeches of the His Excellency, Mr Abhisit Vejjajiva, the Prime Minister of Thailand and Dr Margaret Chan, Director- General, World Health Organization. The meeting helped in focusing attention on IDD elimination initiatives in Thailand.

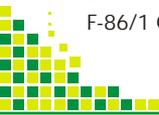
In this issue, we also cover statement by ICCIDD Chairperson, Dr Gerard Burrow at the opening session of UNICEF Executive Board held at New York, USA. Dr In this issue, we also cover statement by ICCIDD Chairperson, Dr Gerard Burrow urged the UNICEF to take the lead in IDD elimination globally and work towards forming national level coalitions to achieve sustainable elimination of IDD.

The 14th International Thyroid Congress was held at Paris from 11-16 September, 2010 and had a strong representation from the region and India. A brief write-up on the proceedings of the Congress is written by Professor Madan Godbole, Lucknow is included in this issue.

The Royal DSM NV, the Global Life Sciences and Materials Sciences Company headquartered in the Netherlands, received this year's World Business and the Development Award. The award acknowledges the important role of Public Private Partnership in development sector and also in nutrition. The recognition for Royal DSM should inspire large private companies and corporates who are associated with IDD elimination activities to upscale their efforts.

Also covered in this issue is Report on the State of Food Insecurity in Urban India, IDD and USI stakeholders meeting in Tamil Nadu, Kerala, Gujarat, Rajasthan and Andhra Pradesh. We end this issue of Newsletter by carrying excerpts from the 39th Report of Parliamentary Standing Committee on Health and Family Welfare, Parliament of India on National Iodine Deficiency Disorders Control Programme.

  
 Dr Chandrakant S Pandav,  
 Regional Coordinator- South Asia Region



## 28th Meeting of Ministers of Health of Member States of the WHO South-East Asia Region and 63rd Session of the WHO Regional Committee for South-East Asia Bangkok, Thailand, 7-10 September, 2010

**T**wenty eighth meeting of Ministers of Health of Member States of the WHO South-East Asia Region and the Sixty-third Session of the WHO Regional Committee for South-East Asia was held at Bangkok, Thailand from 7 to 10 September, 2010.

Health Ministers from WHO's South-East Asia Region met to review health development in the Region, identify challenges and provide policy direction for future action on health issues. Health is at the nexus of interrelated trends such as rapid and often unplanned urbanization, climate change, and a huge burden of injuries from road accidents and other causes.

His Excellency, Mr Abhisit Vejjajiva, the Prime Minister of Thailand, spoke at the joint inaugural of the 28th Meeting of Ministers of Health and the Sixty-third session of the WHO Regional Committee for South-East Asia. "Health is the basic right of every citizen. It is the moral obligation and the responsibility of governments to ensure that all citizens have equitable access to quality healthcare, so that they can contribute fully to the economic and social advancement of the nation" he observed.

The Bangkok Declaration on "Urbanization and Health" was adopted by the health ministers in recognition that unplanned urbanization has major impacts on public health. The ministers committed to:

- Advocate for a holistic and multidisciplinary approach to health by all government sectors, industry and the community
- Promote investment in pro-poor policies to reduce the equity gap among urban dwellers;
- Ensure coverage of health services to all urban populations;

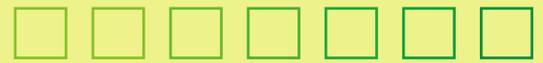
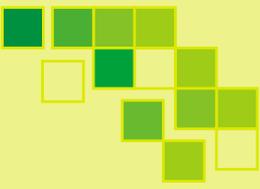
- Promote improved, greener technologies to safeguard health, and increase capacity in systems and service delivery to reduce the risk of further damage to health

From 8th to 10th September, delegations from the eleven SEAR Member States met for the Sixty-third session of the WHO Regional Committee, which is WHO's governing body at the regional level. Director-General, Dr Margaret Chan and Regional Director, Dr Samlee Plianbangchang, were present at both the meetings.

The WHO Regional Committee discussed several important health issues including injury prevention and safety promotion; prevention and control of acute diarrhea and respiratory infections; prevention and containment of antimicrobial resistance; healthy ageing; addressing inequity in maternal and neonatal health; universal health coverage; and capacity building of Member states for global health.



Dr Samlee Plianbangchang at the Inaugural Ceremony



## Address by Dr Margaret Chan, Director- General World Health Organization at the joint inaugural session of 28th Health Ministers Meeting and the 63rd Session of the Regional Committee for South-East Asia



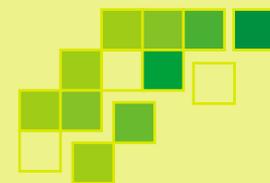
Dr Margaret Chan at the Inaugural Ceremony

Excellencies, honourable ministers, distinguished guests, Dr Samlee, ladies and gentlemen, let me thank the government of Thailand for hosting this Twenty eighth Health Ministers Meeting and the Sixty-third Session of the Regional Committee for South-East Asia. This is a fitting venue. Thailand is well known for its achievements in public health. Let me mention just a few: a strong commitment by the government to primary health care, an innovative scheme for moving towards universal health coverage, and pioneering efforts to improve access to essential medicines. Thailand, together with Sri Lanka, has achieved nearly universal coverage with skilled attendants at childbirth, with very little difference between rich and poor women. These are laudable achievements.

During this joint session, you will be discussing urbanization. This was the theme for this year's World Health Day, and it generated a great deal of attention and debate, also in the media. Clearly, urban health matters. Clearly, this is an issue worthy of your high-level attention. For the first time in history, more people are now living in urban settings than in rural areas. By the year 2030, an estimated six out of every ten people will be living in towns or cities, with the most explosive growth expected in Asia and Africa. Cities concentrate people, opportunities, and services, including those for health and education. But cities also concentrate risks and hazards for health. The examples are numerous: contamination of the food or water supply, high levels of air or noise pollution, a chemical spill, a disease outbreak, or a

natural disaster. Cities also tend to promote unhealthy lifestyles. These lifestyles are directly linked to obesity and the rise of chronic conditions, and these conditions are increasingly concentrated in the urban poor. Urban poverty and squalor are strongly linked to social unrest, mental disorders, crime, violence, and outbreaks of disease associated with crowding and filth.

Let me also acknowledge the solidarity of this region in responding to the influenza pandemic. Since 2006, WHO has supported the accelerated development and production of influenza vaccines in eleven low-and middle-income countries. Thailand participated in technology transfer by conducting clinical trials of pandemic vaccine and following up with rigorous safety assessments. Ladies and gentlemen, on 10 August, I announced that the world was no longer in phase 6 of influenza pandemic alert. Epidemiological data from around the world indicated that the new H1N1 virus had largely run its course. As I stressed at the time, the decision to declare the pandemic over was based on a global assessment. In the current post-pandemic period, we expect to see localized outbreaks of different magnitude, and some continuing "hot spots" will continue to show high levels of H1N1 transmission. This pattern is indeed being seen in a few parts of the world, including here in South- East Asia. Let me remind you: the pandemic virus has not gone away. Based on experience with past pandemics, we expect the H1N1 virus to take on the behaviour of a seasonal influenza virus and continue to circulate for some years to come. In the immediate post-pandemic period, the virus is likely to continue to cause serious illness in a younger age group. Protecting high-risk groups and maintaining vigilance are recommended actions. Some countries are continuing to protect at-risk groups with pandemic vaccine, and this policy is fully in line with WHO recommendations. In fact the actions of health authorities in India, in terms of vigilance, quick detection and treatment and recommended vaccination, provide a good model of how other countries may need to respond in the immediate post-pandemic period. I wish this Regional Committee a most productive session. Thank you.



## Statement by Dr. Chandrakant S. Pandav, the Regional Coordinator, ICCIDD - South Asia at the 63rd Session of the Regional Committee for South-East Asia

**H**on'ble Chairperson, Excellencies, Distinguished Delegates, Ladies and Gentleman. May I, on behalf of my colleagues in the International Council for Control of Iodine Deficiency Disorders (ICCIDD) first of all thank the Regional Director for extending invitation to attend the 63rd Session of the WHO, Regional Committee for South-East Asia that is being held at Bangkok, Thailand.

The current year is 25th Anniversary year of ICCIDD. The ICCIDD was established in a historic meeting in Kathmandu, Nepal in 1986. The idea of forming ICCIDD, the only organization specifically dedicated to promote optimal iodine nutrition and the sustainable elimination of iodine deficiency disorders, was outcome of a Joint Inter-country meeting hosted by WHO-SEARO and UNICEF in New Delhi in 1985.

The vision of ICCIDD is a world virtually free from iodine deficiency disorders with national endeavors in each country to maintain optimal iodine nutrition, primarily through universal consumption of iodized salt. In partnership with iodised salt producers, national governments, civil society organizations and bilateral international agencies, the efforts of ICCIDD has led to increase in global household coverage of iodised salt from 20 percent to over 70 percent over last quarter of century.

But still the Iodine Deficiency Disorders (IDD) continue to be the most important cause of preventable brain damage globally. A significant proportion- 30 percent of world population does not have access to iodised salt

Elimination of Iodine Deficiency Disorders will contribute to at least six of the Millennium Development Goals i.e., Eradicate extreme poverty and hunger; Achieve Universal Primary Education; Promote gender equality and empower women; Reduce child mortality; Improve maternal health; Develop a global partnership for development.

ICCIDD has been a regular participant in the Annual World

Health Assembly (WHA), since 1994. Recognizing the significance of IDD, the World Health Assembly (WHA) in resolution WHA 43.2 (year 1990) gave a call for elimination of IDD as public health problem and reaffirmed that goal in resolution WHA 49.13 (year 1996).

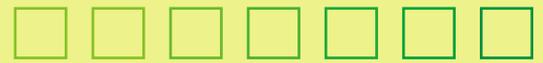
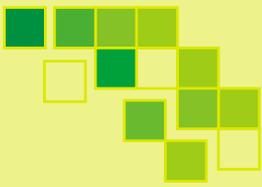
At the recently concluded 63rd WHA the WHO Secretariat presented the progress report over the past three years towards their elimination resolution as per the WHA 60.21. The report highlighted the need for more information on national level iodine nutrition status to arrive at reliable global estimates of IDD burden. There is need to increase focus on susceptible groups like pregnant women, lactating women and young children in line with the joint statement issued by the WHO and UNICEF on reaching optimal level of nutrition in these groups in 2007.

Currently around 503 million (30 percent) general population in South Asia Region countries have insufficient iodine intake. Only two countries out of 11 countries in the South-East Asia Region of WHO (WHO-SEAR) have been able to achieve relatively high rates of coverage (>90%) of household use of iodized salt. In the remaining countries, we need to continue to push the USI/IDD agenda collectively with all stakeholders.



(L to R): Dr Chandrakant S Pandav, Shri Ghulam Nabi Azad, Dr Poonam Khetrpal





Since the 62nd WHO Regional Committee Meeting for South East Asia, held in September 2009, WHO-SEARO and ICCIDD have conducted/participated in a series of activities related to IDD. Strengthening of IDD monitoring laboratories was undertaken in Myanmar and Democratic People's Republic of Korea; a Regional training of laboratory and quality control / quality assurance for IDD elimination in Bangladesh, Bhutan, Nepal, Sri Lanka and Thailand was held at ICCIDD, New Delhi in November, 2009.

The lessons learnt from the more successful countries are:

- ① Hold regular National Advocacy events to assure that all actors in the field are informed, active and participating
- ② Hold regular National and Sub National monitoring activities and report them widely to demonstrate not only progress but where problems are being encountered
- ③ Maintain constant public information on the problems of iodine deficiency and the dangers of absence of iodine

④ Sustain high level national political commitment across the board

Elimination of IDD from the region would require sustained efforts to achieve universal salt iodization, iodine supplementation, monitoring of national program, laboratory monitoring with QA/QC of the salt iodization process and strong legislation.

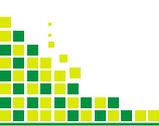
Hon'ble Chairperson, in Iodine Deficiency Disorders:

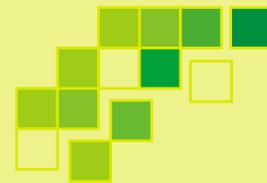
Eighty years ago, David Marine, one of the pioneers of mass prophylaxis for IDD, claimed that "Simple goitre is the easiest of all known disease to prevent... It may be excluded from the list of human disease as soon as society determines to make the effort." By achieving 70% global household coverage of iodised salt, we have already covered the first seven of ten steps towards the elimination of IDD, what we require is the final three steps; national level partnerships, aggressive monitoring and evaluation and sustaining of IDD activities.

Thank you, Hon'ble Chairperson.



(From L to R): Mr Bernard Harish Chandra, Dr Margaret Chan, Dr Samlee Plianbangchang, Dr Poonam Khetrpal, Dr Myint Htwe





## Statement by Chair of ICCIDD, Dr. G N Burrow Opening Session of UNICEF Executive Board 4 September 2010, New York, USA

Thank you, Mr. President, for this opportunity to speak to the Executive Board. I speak as Chair of ICCIDD, the only international NGO or other agency uniquely and totally dedicated to sustained elimination of IDD and also as a Member of the Network on Sustained Elimination of Iodine Deficiency. For the past 25 years, ICCIDD has had a productive working relationship with UNICEF including commitment to the goal of IDD Elimination by Member States of the UN at the Global Summit for Children in 1990. As an accredited NGO to the WHA, ICCIDD was instrumental in obtaining support to require reporting from Member States on the status of iodine nutrition every three years.

UNICEF has invested heavily in salt iodization with good results. Global estimates of households with access to iodized salt have risen from 20% to 70% during this period. Iodine as a component of thyroid hormone plays an important part role in fetal brain development. Consumption of iodized salt in iodine deficient population may raise the average IQ of offspring by as much as 13 points. Achieving iodine sufficiency is commendable but not enough.

Unless iodine nutrition is maintained, signs and symptoms of iodine deficiency recur with a short period of time. The goal, therefore, is the sustainable elimination of iodine deficiency. Monitoring and evaluation of the impact of programs to eliminate IDD are critical to ensure the interventions are both effective and safe in protecting the developing fetal brain. The program will not be sustained without solid information and knowledge about the values of iodine in the daily diet and the dangers of its absence. More must be done to share knowledge and information and sustain local demand for daily access to dietary iodine. This successful strategy also demonstrates the effectiveness of collaboration among private sector, public sector, and civil society all underpinned by solid science and technical support, a development model that bears study and replication. In order to assure continued sustained collaboration of agencies and organizations



Dr Gerard Burrow, Chairman, ICCIDD

committee to this work, ICCIDD among others helped to found the Global Network for Sustained Elimination of IDD, chaired by UNICEF since its inception in 2000.

As experience has clearly demonstrated, the strategy to provide optimal iodine on a daily basis has major implications for success of at least 6 of the Millennium Goals. The improvement in brain development that occurs with the introduction of adequate iodine in a population and the resulting increase in IQ has an impact on early childhood and primary education, while failure to achieve optimal intellectual development has important implications for human and economic development.

In conclusion, Mister President, ICCIDD and the Global Network ask UNICEF to take the lead to assure sustained achievement by helping build national coalitions for that purpose, and by investing in national monitoring systems and also to assure sustained leadership in the Global Network Board. We appeal also to UNICEF once again to take the lead to; (a) assure sustained achievement by helping to build national coalitions for that purpose; (b) assure sustained achievement by investing in national monitoring systems on priority; (c) sustained leadership in the Global Network Board and improved information sharing and communications through the vast network represented by those Members.

Finally, increased attention should be given to iodine dietary needs of women in child bearing ages. Thank you.



## 14th International Thyroid Congress Paris, 11-16 September, 2010

The 14th International Thyroid Congress 2010 (ITC 2010) was held in Paris from 11-16 September, 2010 hosted by the European Thyroid Association. The meeting was truly global with participants from North America, South America, Asia-Pacific region and Europe. A total of 2500 delegates from various specialities like endocrinology, endocrine surgery, nuclear medicine, medical and surgical oncology, scientists, ENT, general practice and patient groups participated in the conference. A total of 20 delegates from India attended the congress including Dr M M Godbole, Professor of Endocrinology, SGPGIMS, Lucknow, Dr C S Bal, Professor of Nuclear Medicine, All India Institute of Medical Sciences (AIIMS) and Dr. Jaya Kumar, Professor of Endocrinology, Amrita Institute of Medical Sciences, Cochin were among the distinguished delegates.



Dr Madan Godbole presenting his paper at the 14th International Thyroid Congress

The scientific program included 4 plenary lectures, 3 implementing guidelines sessions, 2 debates, 28 symposia and 24 meet the expert sessions. 192 abstracts were presented as oral papers and 156 abstracts were presented as poster discussion sessions. A total of 1200 abstracts were displayed as posters during the congress. Award lectures

were as follows:

- ①.ETA Award Lecture by Prof Massimo Santoro on "The RET Gene in Thyroid Cancer"
- ②.ETA Genezyme prize lecture by MJ Shulmberger on "Treatment of Metastatic Differentiated Thyroid Cancer: Pitfalls and Recent Progress" was focussed on radioiodine treatment
- ③.LATS Award Lecture was given by Denise Carvalho on "Understanding Cellular Mechanisms of Thyroid Dysfunction"
- ④.ATA's Van Meter Award lecture was delivered by Dr E Kebebew "Familial Nonmedullary Thyroid Cancer: Clinical and Genetic Studies"
- ⑤.AOTA's Nagataki-Fuji prize lecture on final morning was delivered by Prof Takashi Akamizu on "Pathogenesis and Pathophysiology of Graves' Disease"

The Jane Sander's paper published in July 2008 issue and Ross et al's paper published in October 2008 were adjudged the outstanding publications in basic and clinical disciplines. The sister societies AOTA, ATA, ETA and LATS awarded 8 young investigators for their oral and poster presentations.

The major scientific advancements covering all aspects of thyroid research and treatment in the last few years were discussed. The scientific program included sessions on iodine and role in thyroid and iodine deficiency disorders. A detailed symposium was conducted by world renowned experts on "Thyroid in the face of changing iodine intake". It was stressed that one-third of the world remains iodine deficient, and 30% of households do not have access to iodized salt, according to 2007 UNICEF estimates. Despite having proven solutions to combat iodine deficiency worldwide, successful interventions do not reach high-risk groups, such as pregnant women, children and infants, who are most vulnerable to iodine deficiency. Dr Mu Li from Australia presented a talk on the changing epidemiology of



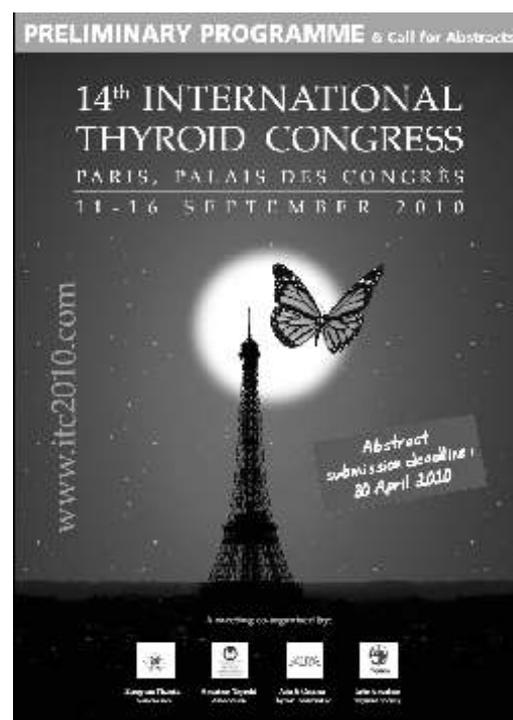
iodine deficiency. She stressed on the recognition of iodine deficiency in developed countries also. Dr Eduardo Petell from Peru spoke on worldwide changes in iodine intake. Dr Michael Zimmermann from Switzerland spoke on novel strategies for control of iodine deficiency targeting vulnerable groups. Dr Peter Laurberg from Denmark presented on consequences of changes in iodine intake for the occurrence of thyroid disorders.

Key research papers presented in the congress from India on iodine deficiency included:

- ①. Oral communication G Rao, MM Godbole, BN Paul et al. (SGPGIMS, Lucknow, India)- Iodine deficiency during gestation and early development impairs lung function in neonates
- ②. Poster discussion - P Singh, MM Godbole, G Rao et al. (SGPGIMS, Lucknow, India)- Low and safe dose of chloroquine enhances cytotoxic effects of iodine in ER negative breast cancer cells and tumor growth arrest in vivo
- ③. Poster discussion - Rana R (Vadodara, India). Iodine losses from iodide salt during different cooking methods

The congress also covered extensive debates on the

controversial topic of subclinical thyroid disease (subclinical hypothyroidism and subclinical hyperthyroidism) and the benefits and risks of treatment. The next congress i.e., 15th International Thyroid Congress is scheduled to be held in September 2015 in Florida, USA.



## Review of National Iodine Deficiency Disorders Control Program of Sri Lanka, 9th to 14th August, 2010, Colombo, Sri Lanka

Regional Coordinator, ICCIDD undertook a visit to Colombo, Sri Lanka from 9th to 14th August 2010. Mr Mahinda Gunawardena, National Coordinator, ICCIDD briefed Dr Chandrakant S Pandav regarding the current scenario of IDD control initiatives in the country.

Subsequently, the team of ICCIDD met Dr Renuka Jayathissa, Head, Department of Nutrition, Medical Research Institute and discussed with the current available laboratory indicators for tracking progress towards sustainable elimination of IDD in Sri Lanka. Dr Pandav also reviewed the IDD situation in Sri Lanka with the UNICEF

Country Representative, Reza Hossaini. Subsequently, interactions were held with the Ministry of Health Nutrition representatives.

Based on the discussion held with various stakeholders, it was felt that there is need to carry out a national level IDD survey to assess the current IDD status in Sri Lanka.

Planning is underway to carry out the proposed IDD survey as per the criterion laid down by the WHO/UNICEF/ICCIDD in Sri Lanka.



## India's Malnutrition: Combating the Hard Core 2nd Britannia Nutrition Foundation Symposium, 1 September 2010, New Delhi

The 2nd Britannia Nutrition Foundation (BNF) symposium brought together multi-sectoral experts from various domains like Nutritional Science, Medicine, Economics and the Development sector in a unique dialogue with policy makers and the government to drive informed action.

The Symposium comprised of three sessions that focus on learning from success stories in other countries, understanding the science and research into malnutrition, and creating a platform for action in India. 19 experts from India and around the world came together to discuss the issues at hand and to share strategies and success stories that are illustrative of working models and action plans. Experts shared stories from countries such as Thailand, China, Brazil and Africa to illustrate roadmaps. It was discussed that the malnutrition problem is a multi-sectoral problem and needs partnerships among the public sector, the private sector and the civil society at large.

One of the key themes that emerged through the symposium was the need for a Development indicator that goes beyond GDP and includes Nutritional Status of the population amongst others.

The private sector's role in combating malnutrition is very vital. In the future, Public Private Partnership which is one of the health sector reforms could be one of the strategy in overcoming the barriers and challenges in nutrition programs. More than being a catalyst, the private sector should take their responsibility in service provision and monitoring of the public schemes.

Britannia, India's leading food company has created the Britannia Nutrition Foundation with the belief that Every Child has a Right to Growth and Development which includes not just the Right to food, but also the Right to Nutrition. The Britannia Nutrition Foundation is also kicking off a unique initiative following the symposium that aims to involve citizens and organizations into raising salience of the Malnutrition problem in the country.

The ICCIDD team also presented a paper titled "The Success Story of Iodine Deficiency in India: Science, Statesman and Society

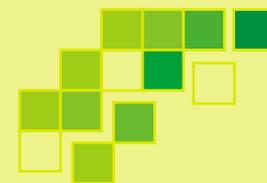


Prof Lawrence Haddad Director, Institute of Development Studies, Sussex, UK

The Success Story of Iodine Deficiency in India: Science, Statesman and Society

Chandrakant S Pandav, Kapil Yadav, Madhu G Karmarkar

**Introduction:** The present paper highlights the complex policy environment in which National Health Programmes are operating, using case study approach to apply the criteria of policy formulation and policy implementation to National IDD Control Program. **Study Setting and framework:** The decision-making process in policy making is based primarily on the recognition of a problem, for example a health problem, as a social or public health problem. The other factors involved, namely the information in hand, the values and beliefs of the population concerned and the formal and non-formal structure for decision making, are mainly influenced by the actual problem being tackled. **Conclusion:** In formulating National Health Programs in a policy environment, scientific inputs ("the science"), political will and administrative support ("the statesman") are necessary but not sufficient. One of the issues to be considered, especially when programs have to be sustainable is pro-active recognition and inclusion of beliefs and interests (Values) of key stakeholders ("the society"), which is vital in formulation and implementation of sustainable programs.



## Royal DSM receives World Business and Development Award

Royal DSM N.V., the global Life Sciences and Materials Sciences Company headquartered in the Netherlands, was recognized at this year's World Business and Development Awards Ceremony during the opening week of the United Nations' General Assembly in New York for its contribution to help achieve the United Nations Millennium Development Goals (MDGs). DSM was honored for its innovative and targeted solutions specifically designed to meet the nutritional requirements of those in the developing world.

The United Nations has devoted the year 2010 to build a renewed momentum around the MDGs, including special attention for the role of business in development. The 2010 World Business and Development Awards is one of the central events this year recognizing key contributions to help end poverty.

DSM, a world leader in vitamins and nutritional ingredients, has been active in helping to make progress towards achieving the MDGs through its commitment to fight hunger and malnutrition around the world. One of the main drivers of this effort has been through DSM's Nutrition Improvement Program, which came about following a call from the United Nations for the private sector to develop business models, as opposed to providing donations, to address global problems - micronutrient deficiency, the so called 'hidden hunger', amongst them. Feike Sijbesma, CEO of Royal DSM, said: 'It is an honor to receive this award on behalf of all employees of DSM who are very committed and work hard to address the issue of hidden hunger. At DSM we feel it is our responsibility to find sustainable solutions for nutrition security in order to improve the lives of millions around the world.'

The goal of the Nutrition Improvement Program is to develop a business model that can first compliment and then, over time, replace a large portion of development assistance, and in the process help achieve the MDGs. The initiative focuses on food fortification (flour, sugar, oil, rice). As the additional cost is so small, it does not need to be added to the end price and allows improving the nutritional status of a population in a sustainable way. Furthermore, DSM enjoys a global partnership with the United Nations World Food Program. To date approximately 2 million people have been reached through DSM's partnership program with the WFP: 'Improving Nutrition - Improving Lives'. The partnership was recently extended to run until 2013 and aims to dramatically scale up its efforts to provide micronutrients to at least 80% of WFP's beneficiaries.

The biennial World Business and Development Awards acknowledge the contribution of the private sector to help achieve the Millennium Development Goals (MDGs) through their core

business. The MDGs, endorsed by 189 countries, are eight goals that promote poverty reduction, education, maternal health, gender equality, and aim at combating child mortality, AIDS and other diseases. The true spirit of the awards lies in the pursuit of productive and innovative business-driven solutions to sustainable development.

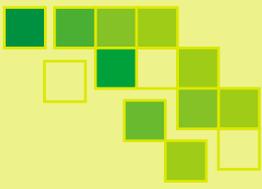
The World Business Awards jointly organized by the United Nations Development Programme (UNDP), the International Chamber of Commerce (ICC) and the International Business Leaders Forum (IBLF), have become increasingly successful in each of the five years the awards have been designated. The WBDA raise awareness, promote best practices, and encourage further action. Concrete examples are shared with governments and businesses on the advantages of joining forces for poverty alleviation.

The awards were instituted in year 2000 and included Millennium Business Awards for Environmental Achievement in year 2000, World Summit Business Awards for Sustainable Development Partnership in year 2002, World Business Awards in support of the Millennium Development Goals in year 2004, 2006, 2008. The past winners include Altos Hornos de México, Aluminium Bahrain, Bahia Sul Celulose, Beacon Press, BSES, Cervesur, HiPP, International Forest Products, Neshor Israel Cement Enterprises Rohner Textil, Siam Compressor Industry, Tokyo Electric Power Company in year 2000; Alcan Inc., Shell Philippines Exploration B.V., Axel Springer Verlag AG, E7 Network, Kesko Corporation, ForesTrade, Coop and Remei AG, Municipality of Calvia, Spain, Business Trust South Africa and Federation of Migros Cooperatives in year 2002; Amazon Caribbean Ltd., De Beers, HoneyCare Africa, Georg Fischer, Procter & Gamble, GlaxoSmithKline, Hewlett Packard, Federcasse, ITC Limited and Suez Environnement in year 2004; Aavishkaar India, Banco Real/ABN AMRO, The Merck Company Foundation, the Bill & Melinda Gates Foundation, the Government of Botswana, EcoLogic Finance, CEMEX México, Environmental Quality International (EQI), Eczacibasi -Georgia Pacific, Ipek Kagit, VidaGás, VillageReach, Foundation for Community Development (FDC), GlaxoSmithKline (GSK) and Tetra Pak in year 2006; 3K&A, Diageo, Endesa, Haygrove, Olam Nigeria, Safaricom, Sistema Ser, SMART Communications, Syngenta and ZMQ Software System in year 2008.

Further information regarding the award and nomination process can be accessed at

<http://www.iccwbo.org/wba/id4032/index.html>





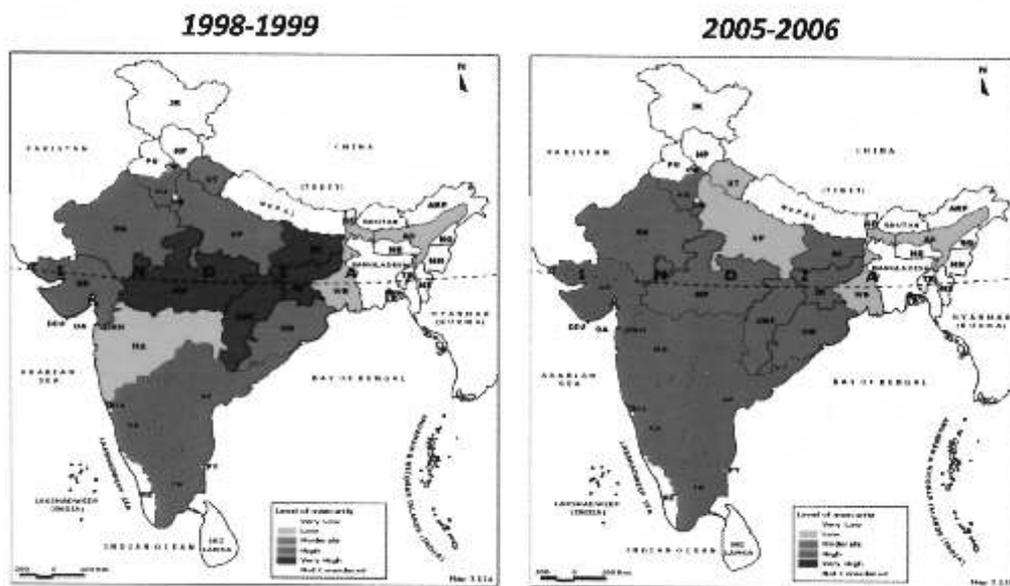
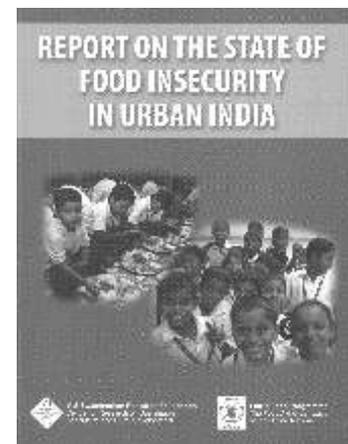
## Report on the State of Food Insecurity in Urban India MS Swaminathan Research Foundation and World Food Programme

In early 2000, the M. S. Swaminathan Research Foundation (MSSRF) and the World Food Programme (WFP) agreed to collaborate in mapping the food security situation in rural and urban India. As a result of this partnership, the Food Insecurity Atlas of Rural India (April 2001), the Food Insecurity Atlas of Urban India (October 2002) and the Atlas of the Sustainability of Food Security in India (February 2004) were developed and distributed widely. The analysis in these atlases provides an important basis for generating public awareness and political action.

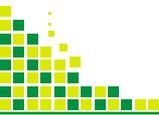
There is a need for these reports to be updated periodically, so that they remain relevant to policy makers taking critical decisions that influence public spending. An update of the Food Insecurity Atlas of Rural India of 2001 Report on the State of Food Security in Rural India was released in early 2009 to capture the changes in the scenario and highlights the parameters that will lead to improved food security in India. This report is an update of the Food Insecurity Atlas of Urban India of October 2002.

In recent years, the pace of urbanization has been increasing. In deliberations on food and nutrition security, the situation in urban areas is often overlooked. About half the women in urban areas are estimated to be anaemic and undernutrition among women, indicated by chronic energy deficiency, is increasing. As pointed out in this report, the access and absorption indicators of urban food insecurity, in spite of the rapid economic growth during the 1990s, reveal an alarming picture. Smaller towns are significantly worse off than large cities and metropolitan areas when it comes to key food security indicators.

The urban report also shows that there is considerable variability within the country relating to the levels of food security. For example, Tamil Nadu, which not only has a universal PDS but is also supplying up to 20 kg of rice per month at the rate of Re. 1/- per kg to 185 lakh families, is in a much better situation than most other states in India. This reveals that, where there is the necessary political will and action, hunger can be eliminated earlier than normally considered possible. This updated report on urban food insecurity is an important tool for policy makers and other stakeholders who are working towards achieving the UN Millennium Development Goals by 2015. Urban food insecurity deserves serious attention since an important component of urbanisation is the proliferation of slums caused by the unplanned migration of the rural poor to urban areas in search of livelihoods.



The State of Food Insecurity in Urban India



## Advocacy workshop of National Coalition partners (NCSII) for Sustained Iodine Intake in TamilNadu, 2 September, 2010



Dr Satish Kumar, Unicef addressing the Inaugral Session of the Advocacy Workshop

Iodine Deficiency Disorders is the single most important cause of preventable mental handicap in world according to World Health Organization (WHO). Children born in iodine deficient areas have on an average 13.5 Intelligence Quotient (IQ) lower as compared to children born in iodine sufficient area. In Tamil Nadu 13.5 % of population suffer from goitre and another 56 % have iodine deficiency because of low iodine intake in diet as per the survey done in 2002-03 by Department of Public Health, Government of Tamil Nadu, UNICEF and International Council for Control of Iodine Deficiency Disorders (ICCIDD). Out of total 11 lakh children born every year in Tamil nadu more than 6.6 lakh children are not protected from brain damage because of iodine deficiency. The magnitude of iodine deficiency in Tamil Nadu has serious implications on human resource development and overall progress of Tamil Nadu state.

The advocacy workshop of National Coalition for Sustained Iodine Intake (NCSII) partners was held in Chennai, Tamil Nadu. The chief guest for the work shop was Mr Thiru.V.K. Subburaj, IAS, Principal Secretary, Ministry of Health and Family Welfare, Government of Tamil Nadu. The inaugural address was delivered by Dr R T Porkaipandian, Director, Department of Public Health and Preventive Medicine, Government of Tamil Nadu. Dr Satish Kumar, Chief Field officer, UNICEF Chennai outlined the objectives of the workshop. Dr BK Tiwari, Advisor (Nutrition), Government of India gave the key note address. Dr Tiwari urged the state government to strengthen the iodine control program in the state. Tamil Nadu has made remarkable progress in

implementing public health programs and is a role model for all other states of India. But Tamil Nadu lags behind other states when it comes to Iodine Deficiency Disorders Control Program despite being the third largest salt producing state in India. Professor N Kocchupillai, former Head of the Department of Endocrinology, All India Institute of Medical Sciences (AIIMS) underlined the current status of IDD in Tamil Nadu. Dr Pandav, renowned international and national level expert in IDD, presented the way forward for IDD elimination in Tamil Nadu. Dr Chandrakant Pandav urged the participants to ensure that every child born in Tamil Nadu is protected from brain damage by ensuring adequate iodine intake.

In afternoon session the three working groups constituted to address the specific domains of IDD deliberated and came out with specific recommendations to accelerate the progress towards sustainable elimination of Iodine Deficiency Disorders in Tamil Nadu. A detailed action plan was chalked out for achieving IDD elimination and USI in the state of Tamil Nadu.

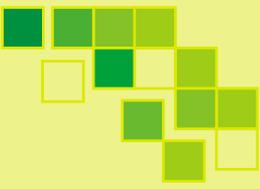
The workshop concluded with vote of thanks by Dr R Narayanaswamy, Joint Director (HEB), DPH and PH.



Dr Porkaipandian, Director, Department of Public Health with media persons during the workshop



Dr Meenakshi Behan (standing), Unicef with the participants during the working group session



## Pre Conference Workshop on USI & IDD in Kerala IPHA KERALACON 2010 17 September, 2010

“Final Push” towards USI and Sustainable Elimination of Iodine Deficiency Disorders (IDD) in Kerala.



(From L to R) Dr Duanne J Gubler, Dr Chandrakant S Pandav, Dr Thomas Mathew, Dr Satish Kumar, Dr Madhumita Dobe at the Inaugural Ceremony

Iodine Deficiency Disorders is the single most important cause of preventable mental handicap in world according to World Health Organization (WHO). In India yearly 13.8 million newborns are at risk of lowered intellectual capacity due to insufficient iodine intake.

In Kerala 16.6 % of population suffer from goitre and another 32.5 % have iodine deficiency because of low iodine intake in diet as per the survey done in 2000-01 by Government of Kerala, Government Medical Colleges (Kerala), Unicef and International Council for Control of Iodine Deficiency Disorders (ICCIDD). Similar findings were reported by the survey carried out by Directorate General of Health Services (DGHS), India and Indian Council Medical Research (ICMR) wherein 12 out of 14 surveyed districts in Kerala were endemic for IDD. The prevalence of goitre ranged from 4.7 % in Alappuzha district to 27.3 % in Trivandrum district. The above surveys conclusively prove that Iodine Deficiency Disorders are a public health problem in Kerala. In Kerala the current level of adequately iodised salt consumption is 73.9 percent. Though remarkable progress has been seen in last decade we are still short of the target level of 90 percent coverage at household level for achieving USI and sustainable elimination of IDD in Kerala.

Out of total 0.47 million children born every year in Kerala around 0.12 million children are not protected from brain damage because of iodine deficiency. The magnitude of iodine deficiency

in Kerala has serious implications on human resource development and overall progress of Kerala state. Indeed a tragic situation but most importantly an eminently preventable one. This is matter of concern in Kerala, which has 100% literacy and thus role of iodine deficiency in brain development and loss of 13 IQ points being of utmost importance.

A one day workshop involving IDD experts like Professor N Kochupillai, Dr Chandrakant S Pandav and participants from the state was held at IMA House, Ernakulum. The workshop included sessions on GoI Policy on USI/IDD, Global Perspective on IDD, Success stories and bottlenecks: Experiences from other states and Salt trade in Kerala. The technical sessions were followed by a group work session where recommendations for achieving USI in Kerala state were formulated.

Based on the day long deliberation, following action points were identified for strengthening USI in Kerala state. There is need for reinvigorated efforts to provide the “final push” and attain USI and elimination of IDD in Kerala. Political commitment demonstrated by vocal and visual endorsement of IDD elimination efforts is essential to ensure this. Sustained advocacy and communication initiatives targeted towards different stakeholders are also required. There is need to establish a state level coalition for sustained intake of iodine involving multitude of stakeholders from government policy makers, salt industry representatives, civil society groups, consumer groups and national/international partner agencies working for IDD elimination in Kerala. Efforts are needed to strengthen state level monitoring of iodine content of salt from producers to consumers. Another important aspect is need for citizens group to monitor the universal salt iodization program at consumer level.



Dr Thomas Mathew, Organising Secretary welcoming the distinguished dignitaries and experts

## Meeting of State IDD stakeholders in Gujarat, Rajasthan and Andhra Pradesh

Sustaining USI efforts and tracking progress of IDD elimination is of utmost importance to prevent recurrence of IDD. As has been borne out by numerous case studies across the globe and even from Madhya Pradesh in India, one time elimination of IDD is not the answer. By virtue of iodine deficiency being the inherent nature of the soil, IDD do recur when the IDD elimination efforts slacken.

The group discussions highlighted the existence of excellent monitoring system under PFA Act for ensuring that only adequately iodized salt reaches consumers. Mr Reji C George, Chief Food Inspector, Kerala informed that Kerala has dedicated Food Inspectors for every district, who regularly lift samples of edible salt as per the guidelines of PFA act. The Kerala model of PFA act implementation can be used as success story for replication to other states of the country.

The current consultation provided us with a critical opportunity to learn from the past and guide the future by giving due emphasis to political commitment, community participation/monitoring and thus ensure sustainability of the programme. There are four major components to consolidate and sustain the elimination of IDD:

- Sustained political support,
- Effective administrative infrastructure,
- On-going assessment and monitoring,
- Advocacy and communication for behavior change.

The present workshop is organized to focus attention on the above points and develop a time bound road map with activity and responsibility clearly outlined.

**M**icronutrient Initiative in association with various state level stakeholders organized three meetings in Gujarat, Rajasthan and Andhra Pradesh in the months of August and September, 2010. The agenda of the meetings was to:

- Understand the need to consume Iodised Salt - Health perspective
- Initiatives taken by all stakeholders towards facilitating achievement of USI in the state. Its achievements and challenges
- Scope of synergising initiatives of stakeholders for the achievement of USI
- Planning for celebrating World IDD Day in the states
- Way Forward: Roles & responsibilities of partners



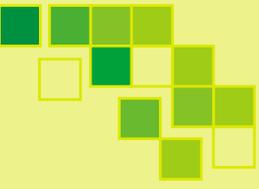
Mr R M Bunkar, Superintendent, SC Office addressing the meeting at Jaipur

The Gujarat state IDD stakeholders meeting: Ahmedabad

The workshop started with a formal welcome by Project Manager Salt Program and was followed with a presentation by NPOIDD on the objectives of the meeting and MI's initiatives to facilitate the achievement of USI in the state. Dr Gautam Nayak, State Nodal Officer IDD cell informed the group that Gujarat is the only state in the country that has surveyed all the 26 Districts on the prevalence of IDD. Mr B R Kotadia, State Civil Supply Department, in his address to the group informed that through 14000 outlets of PDS Fair Price Shops, Iodized Salt is being distributed amongst Antyoday and BPL Card Holders by the state government at a subsidized rate of Re.1.00 per kg. Mr. Dilubhai Jadeja, Vice President ISMA, in his presentation emphasized on strengthening



Media coverage of the USI and IDD Workshop, Kerala



the supply chain for distribution of iodized salt as it is the easiest way to reach out to the unreached. Action points identified during the meeting were:

- (I) Formation of the Core Group to facilitate the implementation of the recommendation of the stakeholders meeting under the leadership of ISMA
- (II) Strengthen the distribution of iodized salt to hard to reach area and create awareness on the consumption of iodized salt in the state.
- (III) Work with railway department to ensure regular and adequate supply of racks for salt dispatch
- (IV) Work with KIO3 vendors to ensure availability of KIO3 to small salt crushers and repackers (Chakkies)
- (V) Develop activity plan for the celebration of IDD week in the state.

The Rajasthan state IDD stakeholders meeting: Jaipur

The meeting was formally inaugurated by Project Manager Salt Programs, Rajasthan. Mr R M Bunkar, Superintendent, Salt Commissioners Office made a presentation on current status of salt production in State of Rajasthan. Mr Ramavtar Jaiswal, Deputy Director, & Technical Officer-IDD Cell, Department of Health & Family Welfare, Govt. of Rajasthan shared his perspective on the prevalence of IDD in the state. Mr Anand Mahawal, Additional Secretary, Rajasthan Chamber of Commerce & Industries & Executive Member, Federation of Rajasthan Trade & Industries, stated that businessmen constitute the most reputed part of the society. Action points identified during the meeting were:

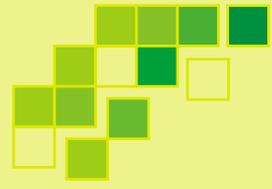
- (I) Small representative core group of stakeholders shall be formed for regular follow up and effective implementation of the decision taken by the stakeholders
- (II) MII shall support innovative technology to improve the level of iodization
- (III) Representatives from the salt refineries shall be invited for the stakeholders meeting
- (IV) MII shall organize the demonstration of packaging machine in Nawa
- (V) MII & Salt department should jointly plan and celebrate IDD day in the state.
- (VI) MII and Salt department shall work out mechanism for recognition of best salt processors in the state.

The Andhra Pradesh State IDD Stakeholders meeting: Hyderabad

The meeting inaugurated by the chair, Dr PV Ramesh, IAS, Principal Secretary, Health, Medicine and Family welfare Department. This was followed by a presentation by NPO-IDD, MII on the status of USI in the state, accessibility of adequately iodized salt at household level and the problem statement for the meeting. Also present were Mr Sunderesan, Salt Commissioner, GOI, Jaipur, Mr Jaipal Singh, Deputy Salt Commissioner, South, GOI, Chennai, Mr B Harikrishna, Deputy Director, Civil Supplies Department, GoAP, Mr KVA Raj Kumar, Assistant Controller, Legal Metrology, GoAP, Dr P Suchiratha Murthy, Director, IPM & Food Health Administrator, GoAP, Dr T Neeradha, Joint Director, School Health Education Bureau, GoAP.

Nutritional Specialist, Unicef, informed the chair that their organization is working on accelerated implementation of USI through Preventive Social Medicine section of different medical colleges in the state, wherein community awareness program is being organized. Action point identified during the meeting:

- (I) Principal Secretary - HM & F W shall write a letter to:
  - Commissioner, Civil Supplies Department to start the procurement of salt through tender process and see that iodised salt is procured and supplied to people through PDS
  - District Collectors for effective enforcement of PFA act and to ensure confiscation and destruction of non iodised salt
  - Advisor, GOI, regarding the supply of Salt Spot Testing Kits in the state
  - Issue directions to all PHC doctors in the state to visit anganwadi and monitor usage of iodised salt. Also empower the Multi Purpose Extension Health Workers to enforce PFA act for iodised salt
- (II) The state IDD cell shall organize community sensitization workshop in the state especially in the integrated tribal development area (ITDA). Assistance from INGOs and Salt Department can be taken in this regard. The cell shall take initiative for regular sample collection and testing
- (III) Unicef to organize meeting with salt wholesalers in AP involving other stakeholders like Civil Suppliers department, Health department and other INGOs



## Addressing India's Nutrition Challenges: Multi Stakeholder Retreat Planning Commission, Government of India, 7- 8 August,2010 New Delhi

**M**aternal and child under nutrition is the attributable cause of more than half of the mortality of children under five years. Though various programs are implemented over the years to improve the nutritional status of women and children, not much has been achieved as the National Family Health Survey (NFHS-3) conducted in year 2005-2006 shows the prevalence of under-nutrition among children less than 3 years and women in the age group of 15 - 45 years, to be 42.5% and 35.6% respectively.

A Multi stakeholder Retreat was organised by the Planning Commission of India from 7-8 August, 2010 to address India's nutrition challenges. The key feature of this retreat was the presence of all the stakeholders ranging from Accredited Social Health Activist (ASHA) to Deputy Chairman of Planning Commission. Thus, it provided a platform to share their views, to discuss the challenges faced by the grass root workers and the ground realities which are often over looked by the policymakers.

Opening session: Member Secretary Planning Commission, Ms Sudha Pillai briefed on how to move towards a national plan of action framework of nutrition. Anganwadi Workers (AWW), ASHA, Panchayat members and self help groups addressed the gathering so that the voice from the fields can be heard. The experiences were shared by ASHA from Orissa, West Bengal (The "Keno Parbo Keno Khabo") and Assam.

Round table group-Interaction with stakeholders: All the participants were divided among different groups. ASHA from Jharkhand emphasised that if people will not have money they will never practice your nutrition counselling. She went to Jharkhand with an approach in mind that is "Positive Deviance". Ms P Amudha, District Collector, Dharmapuri, Tamil Nadu showed how she has dramatically reduced all the health indicators, just by converging all the programs at the district level. The approach was well appreciated by the house.

The participants were asked to list out the things which makes them "Glad, Sad and Mad" regarding the present status of nutrition in India. The most common things which

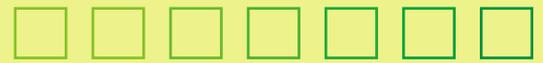
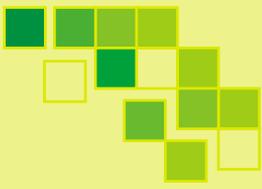
make people glad were impact of anganwadi workers and ASHA on the state of nutrition and health and universalisation of ICDS and NRHM. The things which make people sad were that outcomes do not commensurate with the inputs given, lack of trust among the community in government run programs. The things which make them mad were high level of corruption and lack of accountability.

Group work on strategy themes (What needs to be done?): The house was divided into groups to discuss what needs to be done for various strategy themes. The themes identified were Household food security and livelihoods, Women and child care services, Health care and services, Water, environmental sanitation and hygiene, Infant and young child caring and feeding practices, Capacity development and community processes and Nutrition policy, Planning and surveillance,

Group work on strategy options ("How to"): The house was then again divided for discussion how various strategy options can be formulated. The various strategy themes are as follows: National child malnutrition prevention and reduction program, Panchayat led models, Conditional cash transfers.(CCT), ICDS restructuring, Nutrition counselling service model, Institutional arrangement at National/State/District/Block/Village levels.

Recommendations:

- ① Create an independent nutrition ministry or a department under Ministry of Health and Family Welfare
  - ② The determinants of nutrition need to be addressed in a proper fashion by universalisation of the core interventions
  - ③ Universalising coverage of key interventions has shown clearly how the nutrition indicators have dropped down
  - ④ Convergence and multi-sectoral coordination as the approach is the best suited for nutritional challenges since various independent programs are working for nutrition
  - ⑤ Promote de-centralised approach for best feeding practices with community involvement
  - ⑥ Life cycle approach to tackle maternal & child malnutrition.
- 



## IEC Activities Strengthening NIDDCP in Jharkhand State Department of Health & Family Welfare Jharkhand & UNICEF, Jharkhand

**A**wareness and Sensitization of Salt Traders and Beneficiaries by testing of iodized salt at Pandra Bazar, Uppar Bazar & Nagri rural areas at Ranchi District, Jharkhand.

An awareness and sensitization program of salt traders and beneficiaries by testing of iodized salt at Pandra Bazar, Uppar Bazar & Nagri rural areas was organized by IDD Cell, the Health and Family Welfare Department, Government of Jharkhand and supported by UNICEF Jharkhand. The Program was started from 7th of April 2010 and was completed on 18th of April 2010.

The program was jointly inaugurated by Program Officer IDD & President, Jharkhand Iodized Salt Merchants Federation.

A total of 217 salt samples collected from both rural and urban market were tested in two mobile test booths. The samples belonged to 32 different salt brands. Among the samples tested 5 (2%) were 0 PPM, 87 (40%) were less than 15 PPM and 125 (58%) were more than 15 PPM. Only 6% of the salt available in the market was transported via railways and remaining 94% of the salt was transported by road.

For creating awareness, Public Address (PA) system was used and leaflets containing information regarding iodine, its deficiency disorders, source of iodine and testing of iodine in salt were also distributed among the people. The program was hugely popular and provided an excellent avenue for outreach advocacy regarding IDD and use of iodized salt to the population of remote rural areas. People who were exposed to the IEC messages during the program, requested for more frequent programs along similar lines in future also.

### Recommendations-

- Salt Commissioners office Government of India should monitor iodine content in the salt before sending to Jharkhand.
- Salt producers of Rajasthan should not send iodized salt less than 30 PPM to the Jharkhand State. Even if the salt traders of Jharkhand demand it. (Less PPM of Iodine).
- Checking of Iodized salt for content of iodine PPM before entering Jharkhand by road
- Self motivation in salt traders that they should not sell non-iodized & salt less than 30 PPM of iodine



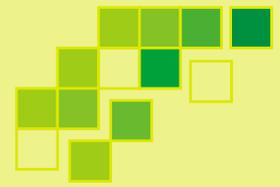
Mobile Iodized Salt Testing Booth in Ranchi, Jharkhand



Public Address system and posters being used for advocacy



People of rural areas of Jharkhand at the Mobile Iodized Salt Testing Booth



# Proceedings from the 63rd Session of the WHO Regional Committee for South-East Asia Bangkok, Thailand, 7-10 September, 2010



## PEARLS OF WISDOM

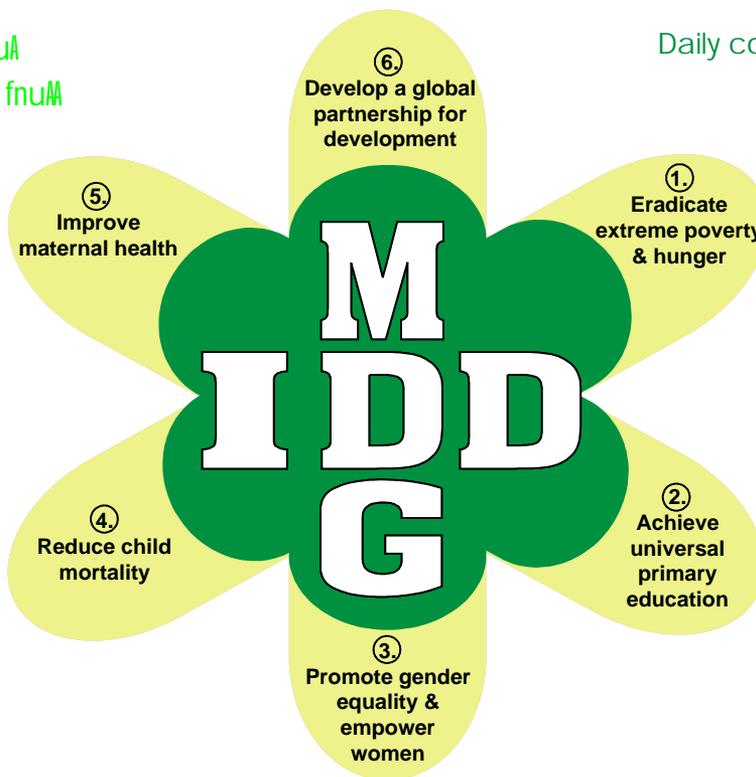
“Health is a basic right of every citizen. It is moral obligation and the responsibility of governments to ensure that all citizens have equitable access to quality health care so that they can contribute fully to the economic and social advancement of the nation. Of course, maintaining a healthy lifestyle is the best medicine that one can have, and prevention is always better than cure.”

- Mr Abhisit Vejjajiva, Hon'ble Prime Minister of Thailand

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Daily consumption of Iodised salt  
 is a healthy habit

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