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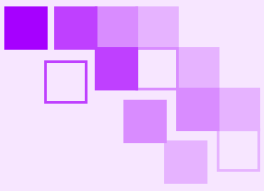
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Hon'ble Chief Minister of Gujarat Shri Narendra Bhai Modi giving his Inaugural address during the India- International Salt Summit, 2010.



(From Left to Right): Hon'ble Shri Narendra Bhai Modi, Shri S Sunderasan, Shri Maheshwar Sahu, Hon'ble Shri Saurabh Bhai Patel, Mr Richard Hanneman, Mr P B Anandam and Shri Hiralal Parekh



ॐ सह ना ववतु सह नौ भुनक्तु
सह विर्यम् कर वावहैः
तेजस्विनवधीतमस्तु मा विद् विशवहैः
ॐ शन्तिश् शन्तिश् शन्तिः

O God Almighty! Protect us both, nourish us both, and let us be strong together in unity, let our knowledge shine and let us not be defeated in intellectual exercises; let us be joined together in friendship for ever, and let no enmity ever come between us.

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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,

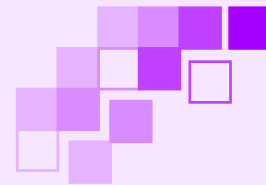
The land mark India International Salt Summit was held at Ahmedabad, Gujarat from 22nd to 24th January, 2010. Over 500 international and national delegates participated in the three day conference. India is currently the third leading producer of salt globally and thus, an important stakeholder in international salt trade. All the delegates emphasized the need to modernize the Indian salt industry to enable it to meet the demands of quality industrial and iodized salt of national and international markets. It was decided during the conference that a centre of excellence would be established in Gujarat to promote production of quality iodized salt.

Mr Richard Hanneman, President, Salt Institute delivered a lecture during the India International Salt Summit addressing the issue of iodised salt and need to reduce salt intake to control hypertension. Mr Hanneman highlighted the fact that this controversy is needless and there is no conflict whatsoever in promotion of iodised salt consumption and reduction of salt intake to control hypertension.

In this issue, we also cover the Awareness workshop in Goa, the third meeting of National Coalition for Sustained Iodine Intake, the seventh Annual meeting of Indian Thyroid Association, the Multisectoral workshop in Jharkhand, the fifty-fourth Annual National Conference of Indian Public Health Association (IPHA), the thirty seventh National Annual Conference of Indian Association of Preventive and Social Medicine (IAPSM) and the training workshop of Micronutrient Initiatives laboratory personnel conducted by the ICCIDD team in New Delhi.

I conclude on an optimistic declaration made by Salt Commissioner of India during the India International Salt Summit, "India will double its salt production from current 19 million tons to 38-40 million tons by year 2020".

Dr. Chandrakant S. Pandav
Regional Coordinator - South Asia Region



India International Salt Summit 2010 22-24th January, 2010, Ahmedabad, Gujarat, India

Indian Salt Manufacturers' Association (ISMA) in close collaboration with Salt Commissioner, Government of India and Industries and Mines Department, Government of Gujarat and supported by the Alkali Manufacturers Association of India (AMAI), Central Salt Marine Chemicals Research Institute (CSMCRI) and All India Institute of Medical Sciences (AIIMS) organized the India International Salt Summit-2010 at Ahmedabad, Gujarat.

Indian Salt Industry has made rapid strides during last six decades. From an import dependant nation at the time of independence, today India ranks third amongst 120 salt producing countries, with an annual production of about 19 million tons. The Indian Salt Industry after meeting country's domestic requirements, export on an average 2 million tons to 30 countries. The Summit provided a platform for meeting between Indian and International Salt producers and enabled Indian producers especially the small and medium scale enterprises to learn and understand the opportunities available for modernization, mechanization and improvement of quality of salt.

The Summit was inaugurated by the Hon'ble Chief Minister of Gujarat Shri Narendra Bhai Modi on 22nd January 2010. It was attended by Shri Saurabhbhai Patel, Minister of State for Industries, Energy, Petrochemicals and Finance, Government of Gujarat and Shri Maheshwar Sahu, Principal Secretary, Department of Industries & Mines, Government of Gujarat. In his inaugural speech Hon'ble Chief Minister reinforced the need to modernize and mechanize the small and medium scale enterprises and reiterated his governments continued support to increase the production of quality salt in Gujarat and India. During the inaugural session addresses were also delivered by Mr P B Anandam, Chairman, ISMA, Mr S Sundaresan, Salt Commissioner, Government of India and Mr Richard Hanneman, President, Salt Institute, USA.

The Summit was held in Gujarat, the leading salt producing state in India. Gujarat contributes to 75% of the country's total salt production. Gujarat is not only the largest salt producer in the country but also excels in productivity, quality and exports.

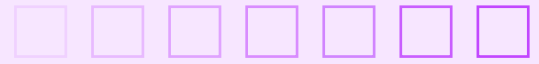
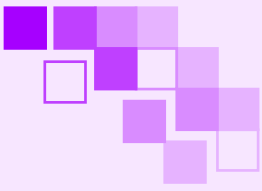
Over 500 Indian and foreign delegates participated in the Summit. The foreign delegates represented following international institutes and organizations:

- Salt Institute, USA
- European Salt Producers' Association
- China National Salt Industries Association
- Salt Partners, USA
- Salt producers from Bangladesh, China, Egypt, Pakistan, Philippines, Nepal, Tanzania, Uzbekistan and other countries.

The other Indian and foreign delegates included chlor-alkali units, fabricators and suppliers of plant and machinery used in the salt industry, packaging machinery suppliers, potassium Iodate suppliers, academicians, policy makers, international organisations like United Nations Children's Fund (UNICEF), Micronutrient Initiative (MI), Global Alliance for Improved Nutrition (GAIN), International Council for the Control of Iodine Deficiency Disorders (ICCIDD) and R & D Institutions like Central Salt and Marine Chemicals Research Institute (CSMCRI), Bhavnagar and Centre for Community Medicine (CCM), All India Institute of Medical Sciences (AIIMS), New Delhi.



Inaugural session of the India International Salt Summit 2010



The broad areas covered during the summit were- modernization of salt works and salt production, up gradation of quality, learning ways and means of increasing productivity, applying modern technology in salt production and interaction between various interests and stake-holders. The following seven technical sessions were held over the second and third days of the summit:

1. Technical Session-I: Emerging Indian Salt Industry
2. Technical Session-II: Mechanization & Modernization, Production & processing Technologies
3. Technical Session-III: Mechanization & Modernization, Mechanisation of Salt Works
4. Technical Session-IV: Biological Management of Solar Salt Works
5. Technical Session-V: Salt Fortification: Status of USI in India & Global Experience
6. Technical Session-VI: International Trade in Salt
7. Technical Session-VII: Chlor-Alkali Industry
8. Technical Session-VIII: Open House

The Indian Salt Manufacturers' Association (ISMA) was established in January, 1945 by Tata Chemicals limited, along with other leading salt manufacturers. ISMA has members from all over India and several regional associations are its associate members. ISMA has actively promoted exports and represented the salt industry in several forums, including representation on various committees set up by the Central and State Governments from time to time. The activities carried out by ISMA are :

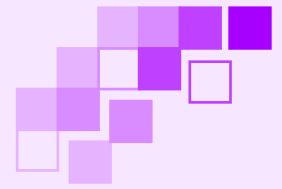
- To promote the growth and development of the salt industry in India through seminars, exhibitions, conferences, discourses and lectures that are academically conducive to the development of the salt industry;
- To make representations to Central, State, District, Local and other authorities on all matters affecting trade, commerce and manufacturing of salt in India;
- To provide commercial, technical, economic and research knowledge in the fields of manufacturing, trade and commerce in salt besides maintaining a library of books and other publications on these subjects;
- To promote and organize joint selling arrangements for sharing or pooling of profits amongst its members in administering export business;
- To publish a bi-monthly in-house magazine to enable members keep in touch with the latest developments in the field of salt and the prevalent manufacturing and marketing conditions in India and other nations.

ISMA is affiliated to the Indian Merchant Chambers of Commerce and other associations which enable its members to participate in seminars and lectures on various subjects of general trade and commerce.

The valedictory session of the summit was presided over by Shri Saurabh Bhai Patel, Hon'ble Minister of State for Industries, Energy, Finance, Government of Gujarat as Chief Guest and Shri Arup Basu, Chief Operating Officer, Tata Chemicals Ltd., was the Guest of Honour. A summit declaration outlining the future course of action to strengthen the salt industry in India was read out and unanimously adopted by the summit delegates.



Salt Commissioner Shri S Sundaresan delivering his talk during the India International Salt Summit 2010



Declaration adopted at India International Salt Summit - 2010



Mr P N Rao, Vice President, ISMA reading the declaration adopted at India International Salt Summit

“When the Indian Salt Manufacturers Association (ISMA) thought of organizing this summit on salt, we were quite apprehensive about its success, as it was our maiden effort and the time was short. Our goal was very ambitious: to bring a large number of Indian and foreign delegates connected with salt under one roof and hold a discourse on the ways and means of modernizing the Indian salt industry for not only increasing the quantity but also improving the quality of salt through mechanisation and other technologies.

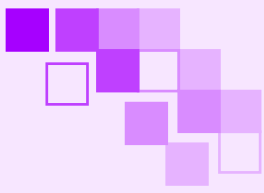
We at the ISMA are overwhelmed at the response that we have received, especially from our foreign delegates. They had to act fast in making up their minds in participating in the summit and planning their visit to India. The former task was easier than the latter. But, we are glad that they made it to the summit.

At the inaugural session, we heard an electrifying and inspiring speech from the Hon'ble Chief Minister, Shri Narendra Modi and the Minister of State for Industries, Petrochemicals, Finance and Salt, Shri Saurabhshai Patel. The Salt Commissioner, Shri Sundaresan shared with the delegates India's bid for holding the 10th International Salt Symposium at Ahmedabad in India.

In the last two days, we have heard a number of experts on salt technology, plant and machinery fabricators, chlor-alkali representatives, medical scientists and others stressing on one single aspect of the salt industry: that of Quality of Salt. We admit that although India produces a large quantity of salt, a substantial portion of it is yet to meet the standards set by the Indian Chlor-alkali industry, let alone the global standards. Our salt producers, especially those in the small and medium scale sector, have understood the importance of quality of salt and are eager to implement measures needed for this purpose and make their salt acceptable to the chlor-alkali industry and also in the export market.

ISMA's job has just begun. From now on ISMA's efforts will be focused on:

- Ensuring improvement in quantity and the quality of salt produced, especially in the small and medium scale sector by scouting for appropriate technology.
- Improving the quality of salt will also in turn improve the quality of iodized salt thus enabling India to achieve Universal Salt Iodization as soon as possible
- Assure the governments of the salt-producing states that while the salt industry strives for modernization for improving the quality of salt, the salt pan workers will not be retrenched and their livelihood interests will be kept in view.
- Strive for increasing the production of salt in the country wherever feasible by exploiting new land and increasing the productivity of the existing salt works so as to export a minimum of 5 million tons of salt per year.
- Establish networks with experts on salt technology, salt producers and their associations, research institutions, for exchange of ideas and import of technology.
- Commission the writing of a manual on production of salt by solar evaporation by reputed experts on the subject and bring out a vernacular version, especially for the use of small and medium scale salt manufacturers.
- Draw up a short-term training course for salt workers on the technology of salt manufacture and quality control.
- Focus on improving the quality of life of salt workers.



The Salt and Health Debate: Impacts on Salt Iodization

Lecture delivered by Dr Richard L Hanneman,
President, Salt Institute during the
India International Salt Summit, 2010

- Pursue the proposal of the Government of Gujarat for;
 - (a) the establishment of a Centre of Excellence on Salt at Ahmedabad and undertake the running and maintenance of the Centre in collaboration with the Government of Gujarat, Salt Commissioner, Central Salt and Marine Chemical Research Institute (CSMCRI), Bhavnagar, Centre for Community Medicine, All India Institute of Medical Sciences (AIIMS), New Delhi and other International Organizations;
 - (b) The up gradation of salt handling facilities at the Ports ;
 - (c) Establishment of a dedicated port for handling salt exports;
- Publish ISMA's journal on Salt on a regular basis and ensure its wide circulation among the salt producers and other stakeholders;
- Work with the Central and State Government for making financial assistance on easy terms for mechanisation and modernisation of the salt industry.

ISMA will strive to achieve the above aims, by seeking active cooperation of all the salt producers, big and small, of all salt sources in India, the Government agencies and other national/international stakeholders. The participants collectively committed themselves to achieving the desired goals for ensuring human welfare for all concerned.”



Mr Richard Hanneman delivering his lecture India International Salt Summit 2010

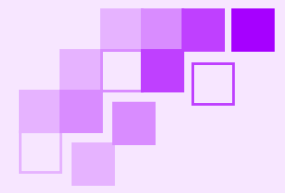
Two public health challenges are inherent in dietary salt, both with major public health implications. First, conclusive research, broad experience and consensus organizational endorsement support fortification of salt with potassium iodate or potassium iodide to protect against Iodine Deficiency Disorders. Second, inconsistent research, ineffective experience, yet broad endorsements have mired implementation of advisories for population salt intake reduction intended to improve human cardiovascular health outcomes.

Advocacy of these two public health interventions has surged over the past quarter century. Endocrinologists seeking a means of ensuring adequate iodine nutrition for expectant mothers and infants have explored alternative delivery vehicles and settled on adding iodine to salt as the solution with superior sustainability. Cardiologists and nephrologists, recognizing the central role of the electrolyte sodium in human metabolism and, in particular, nervous system operation, and this is key focused on the documented heightened risk of heart attacks and strokes associated with elevated blood pressure have conducted a spirited debate over the wisdom of trying to reduce average population intakes of dietary salt.

Until a couple of years ago, these were entirely separate issues.



Salt Commissioner Shri S Sundaresan with the staff members of Salt Commissioner's Office



It will be helpful to understand the genesis of recent efforts to conflate these interventions and explore the implications for the twin quests to improve iodine nutrition and cardiovascular health.

Let me first set the stage. Both iodine nutrition and cardiovascular health are vitally important in the United States and India.

Cardiovascular mortality, on the surface, would seem to be a more significant problem among Americans with their meat-oriented and processed food-heavy diets, sedentary lifestyle and endemic obesity. The Indian population is leaner, likely to be more physically active and consuming fewer processed foods and a more vegetable-oriented diet. The World Health Organization calculates that each year the U.S. suffers 317 cardiovascular-related deaths for each 100,000 population; India, in comparison, only 268. But considering the population demographics, when the cardiovascular mortality rate is adjusted for age, the rate among Americans shrinks to 138 and India's balloons to 428.

Iodine nutrition is a shared concern. Though the U.S. was among the global leaders in developing the concept of iodizing salt (with Switzerland) and "solved" its problem 80 years ago, its iodine status is in decline to the point where the average American consumes only 157 micrograms of iodine daily where the minimum target is 150 and consumption had been 250 few decades ago. India, as we all here recognize, has about 26 million babies born each year and about half are still unprotected against iodine deficiency. India has the unenviable distinction of being the country in the world with the largest population of unprotected infants.

Thus, it is vital for India and the world to get these policies right. We have neither the luxury of time nor surplus resources to waste in our effort to combat IDD and promote heart health. We need to focus our efforts on interventions with proven utility and the greatest cost-effectiveness.

Salt is an essential nutrient, by definition. Salt is a nutrient that is not made by the body and is required in the diet for normal function. Moreover, being an essential nutrient, the body has developed redundant systems to ensure salt intake and conserve salt if it is unavailable or under-consumed. It is just these properties of salt, well-understood and universally-accepted, that provide the key to understanding our current situation.

The strong global consensus that salt is the ideal carrier to deliver supplemental iodine owes to the predictability of salt intake, the

same predictability that makes salt the ideal carrier for other trace minerals to maintain the health and productivity of livestock and poultry. When salt is freely available, populations ingest it within a relatively narrow range which persists over time at least for the last century for which we have reliable instruments to measure urinary chloride and sodium.

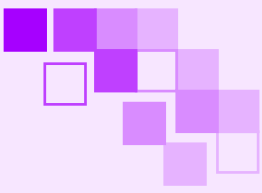
An important study published last fall in the *Clinical Journal of the American Society of Nephrology* analyzed 24-hour urinary specimens gathered from 19,151 subjects 62 study sites in 33 countries to ascertain sodium intake. Since most sodium is ingested in the form of salt, most people would accept measuring urinary sodium as a reliable indicator of dietary salt. The researchers found an average intake of 3,735 mg/day of sodium with a range of 3,220 mg to 4,251 mg. Examining the 13 studies conducted in the more homogeneous UK, from 1984 through 2008, studies totaling 6,343 subjects over these 25 years, the researchers documented an average daily sodium intake of 3,450 mg with a tight range over the past quarter century of 3,289 mg to 3,611 mg and no trend up or down. In short, humans, like other animal species, consume predictable amounts of salt.

That unchanging predictability makes salt the ideal carrier for iodine. It can be metered into individual diets since over any short duration, individuals will consume a known amount of salt into which can be measured the needed amount of iodine. The success of salt iodization is one of the great public health stories of the 20th century. It is this success that has encouraged a broad consortium of interested parties the Salt Institute and other salt organizations, World Health Organization, UNICEF, ICCIDD, the Micronutrient Initiative, GAIN and others to pursue improved iodine nutrition with primary reliance on salt iodization.

This same unchanging predictability in salt intake levels has frustrated proponents of population salt reduction who have undertaken a protracted campaign to convince people to eat less salt for the purpose of improving cardiovascular health.

It turns out that salt intake is not only unchanging, it may well be unchangeable. The confident assumption that public education or even engineering foods to contain less sodium per serving is likely mistaken in its entirety.

Citing research beginning in the 1930s, Drs. Joel C. Geerling and Arthur D. Loewy, writing in *Experimental Physiology* in February 2008, described the "Central regulation of sodium appetite" as determined unconsciously by signals from the brain totally independent of any conscious behavioral choice. The body senses



its need for salt and sends an appetite signal creating a craving for salt until that appetite is satisfied. Thus, taste preferences, product nutrition labeling and public education play a minimal part in dietary choices which determine salt intake levels. As they explained:

“Body fluid balance is meticulously regulated by neuroendocrine control systems....Put simply, normal growth requires the ingestion and retention of sodium. Without dietary salt, growth slows, reproduction fails, and animals die prematurely....Given these severe health consequences, particularly the deficits in growth and reproduction, it should come as no surprise that a hard-wired behavioural mechanism has evolved to promote salt intake in response to a prolonged sodium deficiency.... Sodium appetite clearly involves complex brain circuitry, similar to other homeostatic behavioural drives such as hunger and thirst.”

And that explains why public policy advocacy to effect population salt reduction has failed, argue McCarron, et al:

“The likelihood that these diverse sources of data, encompassing multiple population surveys from over 30 distinct cultural settings, in randomized as well as double-blind crossover trials, have defined the same range of sodium intake in adult humans purely by chance is exceedingly small. Instead, they provide compelling evidence, especially when viewed in the context of the recent advances in the neurosciences identifying CNS [central nervous systems] circuits that respond to peripheral inputs and control sodium appetite, that human salt intake is set within a physiologic range. As such, it is unlikely to be malleable by public policy initiatives, no matter how well intended.”

The global campaign to reduce dietary salt, however, has been promoted massively and relentlessly for more than 30 years. Reputations and careers, have been invested in proving this hypothesis. In truth, however, long before 2009, the sodium hypothesis had already been fatally undermined by another line of inquiry. Researchers simply said: Everyone knows salt is related to blood pressure and, overall, populations with lower salt intake have lower blood pressures. And everyone knows that lower blood pressures equate to lower incidence of heart attacks and strokes. But everyone knows that this doesn't prove lowering salt will reduce heart attack incidence. In fact, we also know perfectly well that lowering salt will also raise plasma renin activity, increase insulin resistance and stimulate sympathetic nervous system activity. When salt intake is reduced, inevitably, all the

consequences are set in motion blood pressure, plasma renin activity, insulin resistance and sympathetic nervous system activity and it is the net result of these changes that determines the risk of heart attacks and strokes.

These “health outcomes” studies, for the most part, found no benefit of salt reduction, but the results varied and all were observational studies, not clinical trials. That is, there were no clinical trials until a year ago when an Italian research team examined the efficacy of reducing salt in the diets of congestive heart failure patients, an intervention that had been common practice for a half century far longer than the more-recent advocacy of population-wide salt reduction efforts. The Italian team discovered that CHF patients randomized to receive low-salt diets were dying more quickly and being re-hospitalized more frequently than those taking their normal amounts of salt.

Thus, our bodies' redundant systems assuring sufficient sodium intake may have protected us against unanticipated adverse health outcomes should we have been able to reduce dietary sodium. In fact, for populations with extreme sodium intakes who have been able to reduce sodium into the normal range, the health outcomes offer little encouragement. Finland, for example, claimed “success” in reducing salt intake levels from 14 mg/day to 8 mg/day, but the Finns' improvement in heart disease mortality lagged that of countries that did not reduce dietary salt.

This is an important discussion, but all this background will help us understand a recent effort, spearheaded by the World Health Organization, to question the compatibility of these two public health campaigns: to improve iodine nutrition through universal salt iodization and the effort to reduce population salt intakes with the intent to improve cardiovascular health.

WHO has made recurrent attempts to suggest that, somehow, the success of salt iodization is responsible for the frustration of salt reductionists in their failure to achieve any reduction in the salt intake in countries with normal salt intakes. The WHO effort is difficult to understand since the World Health Assembly has taken a strong position in favor of universal salt iodization. Whatever the motivation, WHO has now attempted to raise the issue in Europe, here in India and through its regional affiliate, the Pan American

Awareness cum Sensitization Workshop on National IDD Control Program 15th February, 2010, Goa, India

Health Organization in the Americas. Every effort has been rebuffed, yet the effort continues with the most recent incident being in November 2009.

In 2007, WHO/Europe sponsored a meeting in Luxembourg to examine the question of whether the two initiatives were in conflict. The group agreed there was no conflict.

Last Spring, in Jaipur, WHO suffered a stinging rebuke when the board of the Network for the Elimination of Iodine Deficiency approved a resolution affirming salt iodization and specifically rejecting the contention that the campaigns were in conflict.

In early November, in Washington, DC, the Pan American Health Organization organized a "constructive debate" on whether salt iodization efforts were responsible for the lack of progress in reducing population salt intakes. PAHO invited advocates of salt reduction, but UNICEF and others pressed them to include experts in salt iodization and ICCIDD's Regional Coordinator was included at the last minute. Salt reductionists argued that in advocating salt iodization, governments were actually promoting increased salt consumption. By the end of the discussion, a poll of all the panelists found them in unanimous agreement that 1) there is no incompatibility between universal salt iodization and universal salt reduction and 2) government advocacy of iodized salt does not lead to increased salt intakes.

Let's hope this is the end of this false "debate." We need to unite and put our energies into achieving universal salt iodization. We cannot be distracted by those who would blame their lack of success reducing dietary salt on our achievements in advancing salt iodization.

If salt reductionists want to argue in favor of reducing overall salt intakes, we should make them offer evidence, not excuses. We should remind them that while the hypothesized benefits of salt reduction may fuel contentious debate, there is global consensus that salt iodization is the most cost-effective and sustainable strategy to prevent iodine deficiency disorders. It is imperative that we promote iodized salt to help every expectant mother enjoy optimal iodine nutrition and every child be born protected from iodine deficiency. Optimal iodine nutrition will protect the entire population from the loss of intellectual and physical resources through this easily preventable cause of mental retardation.

It is far better to sacrifice the egos and reputations of a relatively few doctors than derail salt iodization with its proven potential to protect nearly two billion people around the world.

• A one day workshop on the implementation of National IDD Control Program in Goa was organized by the Salt Commissioner Office, Government of India and Directorate of Health, Government of Goa on 15th February, 2010. The meeting was inaugurated by Dr Rajeev Verma, Secretary, Health Government of Goa and presided by Shri S. Sundaresan, Salt Commissioner, Government of India. Dr. B.K. Tiwari, Adviser (Nutrition), DGHS, Ministry of Health & Family Welfare, Government of India, gave a special address and Dr. (Mrs.) Rajnandan Desai, Director, Health, Government of Goa delivered key note address.

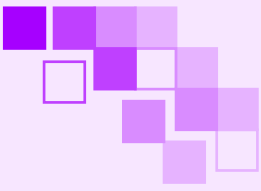
• The objectives of the workshop were to:

1. Discuss the magnitude of the Iodine Deficiency Disorders in the States of Goa, Karnataka and Shiroda (Maharashtra) and its control through the use of iodised salt.
2. Take stock of the difficulties in production of salt by small producers and sensitize them on the need for adequate iodization of salt meant for edible purpose.

• The meeting was attended by medical professionals, officials of the Salt Commissioners Organization (SCO), officials of Department of Health, Department of Industries, Food & Drug Administration, Government of Goa, International Organisations like Global Alliance for Improved Nutrition (GAIN), Micronutrient Initiative (MI), International Council for Control of Iodine Deficiency Disorders (ICCIDD), salt producers from Goa and Shiroda (Maharashtra). About 60 delegates participated in the workshop.



(L-R) Dr. Rajeev Verma, Dr. BK Tiwari, Dr. Sundaresan, Dr. Rajnandan Desai and Dr. Ansari.



• Dr. Rajiv Verma, Secretary, Department of Health, Government of Goa stressed that Health and Salt departments need to work as a cohesive unit. He committed to take up the plan of action of the workshop with the concerned department. Dr. BK Tiwari, Adviser, Nutrition, Director General of Health Services underlined the focus on increasing the iodised salt production in Goa where 35% of the population is consuming less than 15 ppm iodised salt. Mr. Sundaresan, Salt Commissioner, Salt Department highlighted that recent surveys in Kerala and Goa have shown that IDD are a problem even in coastal areas of India. He also committed to give physical inputs- iodine, machine etc. through the support of civil society. He stated that "his department will focus on Goa for the next 2 years" and committed to give physical inputs- iodine, machine etc. through the support of civil society.

• Dr. Amit Dias from Goa Medical College presented the recent study done by the Department of Preventive and Social medicine on the children aged 6-12 years. The study findings indicate that 23% of the families use non-iodised salt for edible purposes. Mr. Mukerjee, Deputy Salt Commissioner, Mumbai presented the result of a quick assessment done by the Salt department on the awareness of the need of iodised salt. He stated that 45% of the retailers/ Government officials in South Goa were aware of the need of iodised salt while in North Goa none were aware.

• The delegates of the workshop after detailed deliberations made the following recommendations for implementation by various stake-holders:

1. Awareness amongst the salt producers for their role in the implementation of salt iodization program to be emphasized. (Action: Director of Industries, Government of Goa and SCO)

2. A separate meeting to be held with the salt producers, Industries Department, Government of Goa, Salt Department, Government of India to identify the bottlenecks and drawl of Plan of Action. (Action: Director of Industries, Govt. of Goa and SCO)

3. Hand holding of salt producers to improve the quality of raw salt.

a. Study tour to Model Salt Farm to Orissa and small salt producers in Tamil Nadu to be organized.

b. To set up a Model Salt Farm jointly by Industries Department, Government of Goa, Salt Department, Government of India, Central Salt & Marine Chemicals research Institute (CSIR laboratory), Bhavnagar (Gujarat).

c. Solution to be found out to arrest the borer worm nuisance in the salt works of Shiroda (Maharashtra) (Action: Director of Industries, Government of Goa and SCO)

4. Technical and financial inputs for customized iodization process to iodize the salt produced in Goa to be extended. (Action: Director of Industries, Government of Goa, SCO and GAIN/MI/UNICEF)

5. Survey for assessing the potential saline tracks for increasing the production and improving the quality of raw salt produced in Goa to be undertaken. (Action: Director of Industries, Government of Goa, SCO and CSMCRI)

6. A nodal officer from the industries Department/ Director of Industries, Government of Goa to be identified to formulate and execute development and labor welfare schemes of the Salt Department, Government of India. (Action: Director of Industries, Government of Goa).

7. Mapping of whole-salers, sub-wholesalers, retailers of iodized salt and subsequently sensitization program to be organized. (Action: GAIN/MI/UNICEF)

8. Filing up of the vacant posts in IDD Cell and establishment of separate laboratory for undertaking salt testing and urinary iodine estimation to be established. (Action: Director of Health, Government of Goa)

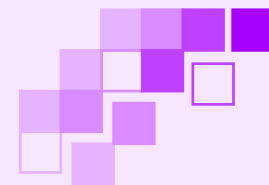
9. Comprehensive IDD and iodized salt availability survey to be undertaken. (Action: Director of Health, Government of Goa and Gain / MI/ UNICEF/ICCIDD)

10. Sensitization workshops to be held for the medical officers of north and south districts of Goa, Gram Panchayat functionaries and Anganwadi workers. (Action: Director of Health, Government of Goa and GAIN/MI/UNICEF)

11. Providing iodized salt access to Below Poverty Line population through PDS network to be explored. (Action: F&CS Department, Government of Goa and SCO)



Dr Arijit Chakrabarty (GAIN) with salt producers of Goa, Karnataka and Shiroda (Maharashtra)



7th Annual Meeting of Indian Thyroid Society-ITSCON Institute of Medical Sciences, Banaras Hindu University, Varanasi February 13-14,2010



Dr. D.P. Singh (Vice Chancellor, Banaras Hindu University, inaugurating the 7th Annual Meeting of ITSCON

The seventh annual meeting of Indian Thyroid Society - ITSCON was held at Institute of Medical Sciences, Banaras Hindu University, Varanasi on 13th and 14th February, 2010. The Conference was inaugurated by Dr D P Singh, Vice Chancellor, Banaras Hindu University. A total of 191 delegates representing diverse medical disciplines like General Medicine, Endocrinology, General Surgery, Community Medicine, Radiology and Anaesthesia participated in the conference.

There were a total of 18 technical sessions in the conference. The technical sessions covered wide range of topics and included molecular basis of thyroid disorders, iodine deficiency disorders, radioiodine for children, thyrotoxicosis, women and thyroid, T4+T3 combination in the management of hypothyroidism, thyroid cancer and medical therapy, imaging in thyroid disorders, surgeon and thyroid disorders, thyroid disorders in the critical care unit.

Renowned scientists, researchers and medical doctors such as Dr N Kochupillai, former Head, Department of Endocrinology, AIIMS, Dr MM Godbole, Head, Department of Medical Endocrinology, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Dr Chandrakant S Pandav, Head, Centre for Community Medicine (CCM), All India Institute of Medical Sciences (AIIMS) , Dr S K Wangnoo, Consultant Endocrinologist, Indraprastha Apollo Hospitals, Dr CS Bal, Professor, Department of Nuclear

Medicine, AIIMS, Dr RK Marwah, Department of Endocrinology and Thyroid Research Centre, Institute of Nuclear Medicine and Allied Sciences, Dr Nalini Shah, Head, Department of Endocrinology, King Edwards Memorial Hospital, Dr Manoj Chaadha, Consultant, Endocrinology, Hinduja Hospital and Dr. AG Unnikrishnan, Amrita Institute of Medical Sciences delivered guest lecture during the course of the conference.

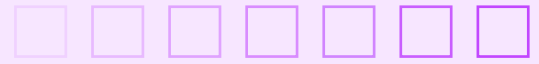
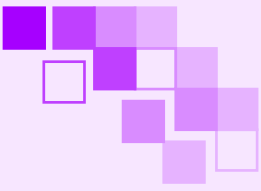
Dr Chandrakant S Pandav delivered a guest lecture on "Tracking Progress towards Sustainable Elimination of Iodine Deficiency Disorders in India".

For young scientist there was free paper/poster presentation session in the conference. Out of total 15 presentations made by young scientists, three were from ICCIDD and CCM, AIIMS. The title of three posters presented at the meeting by ICCIDD/CCM team are:

- 1.Chandrakant S Pandav, Kapil Yadav, MG Karmarkar. Tracking Progress Towards Sustainable Elimination of Iodine Deficiency Disorders in India.
- 2.Kapil Yadav, R Sankar, Chandrakant S Pandav, MG Karmarkar. Benefits and Risks of Correcting Iodine Deficiency Disorders (IDD): Effects on the Epidemiology of Thyroid Diseases in Populations.
- 3.Chandrakant S Pandav, R Srivastava, Kapil Yadav, R Sankar, M G Karmarkar. Role of Partnership in Public Health Programs: a Case Study of National Iodine Deficiency Disorder Control Program (NIDDCP) in India.



Dr Chandrakant S Pandav (L)with Dr Rahul Srivastava during the poster session of ITSCON, 2010



State Level Multi Sector Workshop on National Iodine Deficiency Disorder Control Programme 20-21 February, 2010, Ranchi, Jharkhand



Dr D K Tiwari, Secretary, DoHFW, GoJ (Second from Left) inaugurating the multi sectoral workshop in presence of Dr M A Ansari (Extreme Left) and Dr B K Tiwari (Second from Right)

A two day state level multi sectoral workshop on National Iodine Deficiency Disorder Control Programme was organized in Ranchi, Jharkhand. The objectives of the workshop were:

1. To provide a forum for interaction between salt traders, different government departments and facilitating agencies for sorting out issues for proper procurement and distribution of iodized salt in the State
2. To sensitize the salt traders and government officials in Jharkhand referring to their role and responsibilities in reducing the incidence of the IDD and promotion of the USI in the state
3. Reach out to Government of India and the state government for a collaborative effort and gear up the ongoing programmes

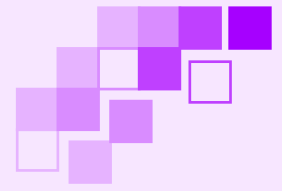


Salt traders of Jharkhand taking pledge to sell only iodized salt in the state

The workshop was well represented by large multi sectoral group which comprised of representation from Government of India (GOI), departments of Government of Jharkhand, stakeholders, salt traders wholesalers and retailers, NGOs and others. The representatives from Government of India were Salt Commissioner, Ministry of Commerce and Industry, GOI, Advisor (Nutrition), Directorate General of Health Services, Ministry of Health and Family Welfare, GOI, and Head of the Department, Center for Community Medicine, All India Institute of Medical Sciences (AIIMS), New-Delhi. The representatives from the State government of Jharkhand were Secretary, Department and Health and Family Welfare, Mission Director, Jharkhand Rural Health Mission, Director in Chief, Directorate of Health Services, Deputy Director, Nodal cum Programme Officer, IDD, State Reproductive and Child Health Officer (RCHO), Civil Surgeons and Additional Chief Medical Officers (ACMOs). UNICEF was represented by Chief of Field office, UNICEF, Jharkhand, Program Officer, Child Development & Nutrition (CD&N), UNICEF, Jharkhand and Nutrition Officer, District extenders and state Coordinators of the State Micronutrient and Nutrition Cell. Department of Women and Child Development was represented by Assistant Directors and District Social Welfare Officers. The Department of Human Resource was represented by District Superintendents of Education. The Department of Food and Civil Supplies was represented by District Supply Officers. The Jharkhand State Salt Merchants Federation was represented by its President and various salt merchants and traders who came from different districts.

Dr. D.K. Tiwari, IAS, Secretary, DoHFW, Govt. of Jharkhand inaugurated the two day State Level workshop on NIDDCP.





The highlight of the inaugural session was the pledge taken by all salt merchants and traders from different districts that they would buy and sell only iodised salt and would not deal with non iodized salt. The president of Jharkhand State Salt Merchants Federation, Mr Lalit Maheshwari administered the pledge.

The workshop also included an exhibition cum display of significant features related to various programmes which are being implemented through inter sectoral convergence with support from UNICEF, Jharkhand. The display highlighted the printed IEC materials, models, and BCC on ICDS-DULAR STRATEGY, Malnutrition Treatment Center, Anemia Control Programme. There was also a display by the salt traders association of the quality salt of different brands available in the market. The dignitaries appreciated the exuberant show being brought in by all the district extenders. They were pleased to observe the spectacular display of village level activities being carried out.

During the course of the workshop, the following important issues were discussed:

- Iodized Salt distribution system in the state of Jharkhand: Salt is transported in the state through rail/road and majority of the salt is sent from Gujarat and Rajasthan. The salt which is transported through rail is as per prescribed norms, but the salt which is transported by road does not have any check on the quality. Road transportation is done mostly by the small traders to earn more profit. Most of the traders are paying for iodized salt consignment but are not getting the proper quality of salt.

- Role of ICDS: There are more than 80,000 ICDS workers available in the state. They can be utilized very effectively to generate awareness in the community promoting use of adequately iodized salt. The ICDS has been successful in promoting the use of iodised salt with the ICDS-Dular Strategy districts where the household consumption of adequately iodized salt is as high as 91%. This has been achieved through the community empowerment process through ICDS functionaries.

- Role of health department: The sahiyas, at the grass root level are being provided with the Salt Testing kits through the department. These kits can be used by them for testing salt at the community level and at the same time can generate awareness regarding the importance of Iodine in human life-cycle.

- Role of education department: Education department should orient school teachers regarding the impact of Iodine deficiency on human life and through them their students should be sensitized. It was committed by the Department of Education that it would issue instruction for the use and proper storage of iodised salt in the midday meal scheme.

- Role of Salt merchants and traders: Awareness has to be generated among the small traders to produce and distribute only iodised salt. If the production level is controlled for the quality of iodised salt then other aspects can be very easily tackled. Salt traders should realize that salt trade is not only a business but also a social obligation as it will affect brain development of our future generation.

Suggestions and Recommendations:

The state level multi sectoral workshop reached a consensus on major action points as follows:-

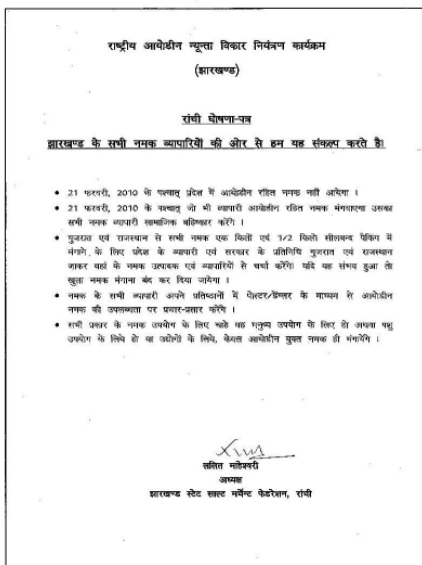
- Regular monitoring is to be done by the MOICs through front line functionaries and reports are to be sent by the Civil Surgeon every month to the Nodal cum Program Officer, IDD.
- It was recommended that the small producers from Rajasthan to be actively involved in to the program to regulate the supply of iodized salt to Jharkhand.
- Sometimes adequate iodine is not found in the salt coming through rail. Therefore strict enforcement and sample testing is to be strengthened at the rail loading sites.



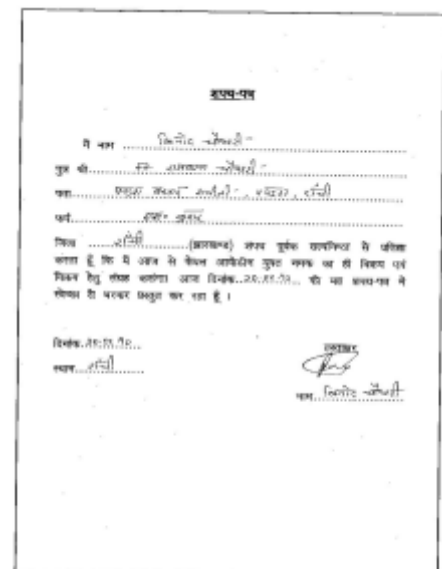
Dr B K Tiwari, Advisor (Nutrition) explaining the IDD Survey methodology during the workshop

- Cost of salt should not be increased; price control mechanism should be such that each and every individual is able to consume salt. Just like Assam where the price for salt is fixed. A similar example should be taken up in Jharkhand.
- It was recommended for an ideal and optimum convergence between various departments, most importantly between ICDS and NRHM for effective implementation of the IDD programme.
- A Salt Advisory Board should be constituted- Department of Health and Family Welfare (DoHFW), Department of Social Welfare (DoSW), Department of Human Resource and Development (DHRD), Department of Transport and UNICEF to be its board members. The Salt Advisory Board will hold quarterly reviews on salt iodization and IDD.
- The DoHFW should monitor the quality of salt delivered through the PDS to ensure distribution of quality iodized salt for the beneficiaries of the public distribution system.
- Maintaining the standard for the iodized salt distribution by the traders as well, NIDDCP as a programme should focus on creating awareness; arrange sensitization workshops and necessary training for the functionaries as well as salt traders.

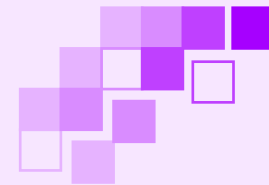
- Community based monitoring to be encouraged.
- A joint monitoring committee, to monitor the progress of the IDD initiatives should be constituted.
- Sale of loose salt should be stopped. The packaged salt for the consumer should also bear the registration number of the salt producers and the packers along with the details of address of the packers and the manufacturers.
- Sale of salt should be subject to the consumer protection act for protection of the rights of the consumers.
- To communicate and match the report of low iodine content in salt, mapping of the major traders should be completed in the next two years.
- The State government should conduct check at strategic points at the road entry from where the 20% salt is coming which is primarily non-iodized.
- IEC materials, campaign should be carried out to reach remote areas.
- In rural areas, there is a need to disseminate messages on TV, radio and through fairs and festival gatherings' so that rural masses are made aware of it.



Ranchi Declaration issued by the Jharkhand State Salt Merchant Federation



Pledge Letter signed by individual Salt Traders in Jharkhand proclaiming their resolve to buy and sell only iodized salt



Inter-state visit to Rajasthan for promotion of USI-IDD programme in Jharkhand 22nd to 25th February, 2010

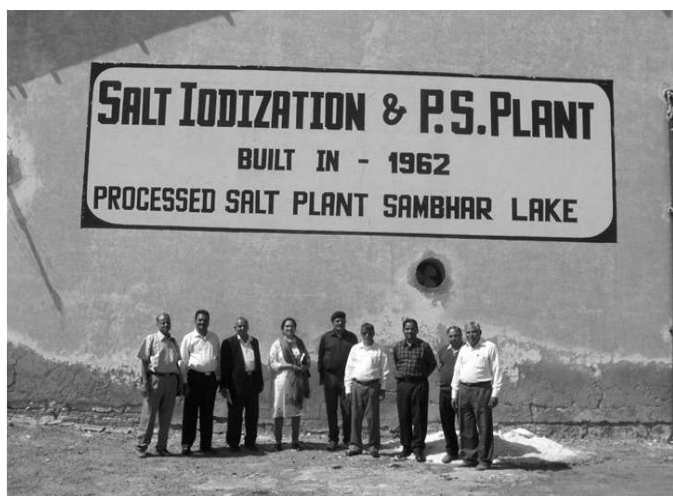
An eight member delegation from Jharkhand comprising of members from Department of Health and Family Welfare, Salt Traders' Association and UNICEF officials visited Rajasthan. The main objective of this interstate visit (from 22nd February, 10 to 25th February, 2010) was:

- To sensitize the salt traders through the Salt Commissioner's office about the importance of Iodized salt in context of Health and Government policy.
- To ensure availability of adequately iodized salt and effective implementation of the P.F. Act (1954) by networking with salt producers of Rajasthan.
- To study various stages of salt iodization at production level and understand the quality-test and monitoring mechanism.

The team comprised of Dr. Praveen Chandra, State SRCHO, Dr. Dhaneshwar Baraik State Nodal Officer NIDDCP, Mrs. Sangita Jacob, Programme Officer, Child Development & Nutrition, UNICEF, Jharkhand, Mr. Lalit Maheshwari, President, Jharkhand State Iodized Salt Merchant's Federation, Ranchi, Mr. Ramjeelal Agarwal, Member, Salt Merchant's Federation, Mr. Purshottam Lal Mundhra, Member, Salt Merchant's Federation, Mr. Jambo Kumar Jain, Member, Salt Merchant's Federation and Mr. Dipankar Mukherjee, State Coordinator, IDD & Nutrition Cell, Jharkhand.

oldest units producing refined, washed and raw salt, where they were briefed on the process of 'salt harvesting'. After witnessing the entire process the traders' became more aware about the process of production and iodization; simultaneously, through the interaction between the manufacturers and traders; the former were highly sensitized and motivated to supply adequately iodized salt to Jharkhand.

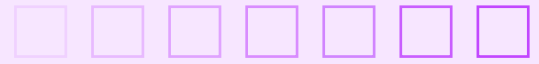
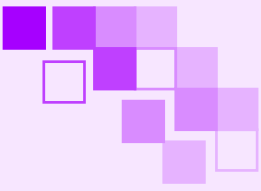
The team visited the Salt Commissioner's office and held a meeting with representatives from Rajasthan Salt Producers Association in presence of Mr. M.A. Ansari, Deputy Salt Commissioner. The salt merchants of Jharkhand requested the iodized salt manufacturers, dispatchers & traders to recognize iodization as a fundamental responsibility and appealed to them to dispatch iodized salt under the various provisions of P F Act, Consumer Protection Act, Packing Act and Weight & Measurement Act. The manufacturers readily accepted the suggestions and assured that in future they will ensure the provision of adequately iodized salt to Jharkhand. In addition, they also promised full co-operation and support towards the implementation of the decisions taken during the meeting. During the interaction between the state officials, officials of Salt Commissioners' office and the manufacturers and traders', there emerged a need to have stringent measures prohibiting the entry of non-iodized salt in Jharkhand. For this, the State Reproductive and Child Health Officer agreed to introduce the checking of salt consignments at the entry points and disallowing the entire contingent not meeting the quality parameters to enter the state.



Jharkhand Team visit to Salt Iodization Plant at Sambhar Lake
The team visited the salt pans at Sambhar, one of the biggest and



Dr M A Ansari, Deputy Salt Commissioner in a meeting with the salt producers of Rajasthan and Jharkhand team at the Salt Commissioner's Office Commissioner, Jaipur



54th Annual National Conference of Indian Public Health Association 22nd to 24th January, Visakhapatnam

The 54th Annual National Conference of Indian Public Health Association was hosted by the Department of Community Medicine, Andhra Medical College, Visakhapatnam, Andhra Pradesh from 22nd to 24th January, 2010. The beautiful coastal city of Visakhapatnam also one of the most populous coastal cities, hosted delegates and participants from all across the country and also overseas. Soothed by the zephyr from the global water body, everyone found it an absolute pleasure to be a part of the event.

The conference commenced on 21st Jan, 2010 with the pre conference CME (Continuing Medical Education) on "Bioethics in clinical practice and medical research."

Dr.J.K.Saigal Memorial Oration' on 'Strategic issues of child health' focused on the obstacles faced by Indian children in reaching their fifth birthday. The importance of micronutrients in complete nutrition was reiterated. Common morbid conditions and disabilities of Indian children were highlighted and suggestions made to improve the condition. Dr.Satish Kumar gave the Dr.B.C.Das Gupta Memorial Oration, Dr.B.Swarajya Lakshmi gave the Dr.K.N.Rao Memorial Oration and the Dr G Anjaneyulu Memorial Oration was given by Dr T S R Sai, Prof and Head, SVMC, Triputhi and the Dr. J.E. Park oration by Dr. Pradhan.

The plenary sessions held during the conference included comprehensive prevention of cervical cancer sponsored by PATH, Integrated Management of Childhood Illnesses (IMNCI) sponsored by UNICEF, Climate Change and Reproductive and Child Health (RCH) sponsored by UNFPA. Oral presentations and poster presentations by young scientist were made during the conference.



Dr J Sarojini(R) felicitating Dr Deokinandan(R)



Dr G Krishna Babu(L) felicitating Dr T S R Sai(R)



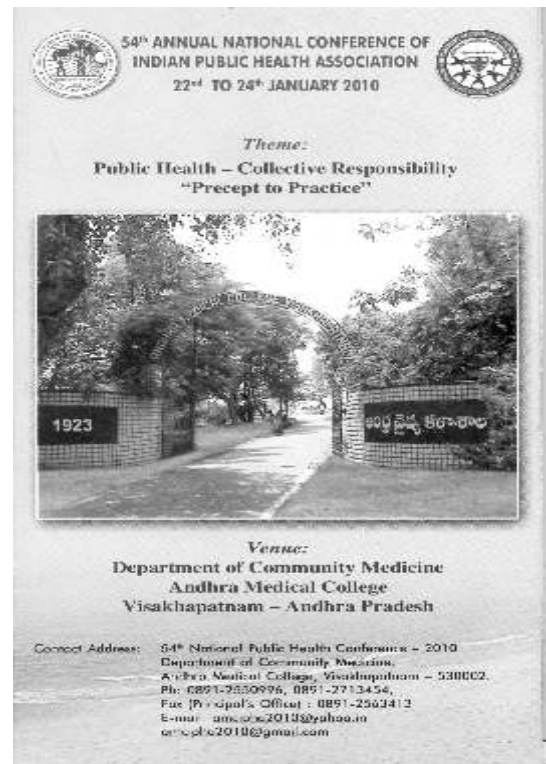
(From L to R) Dr G Krishna Babu, Mr V N Vishnu, Dr D K Taneja, Dr G Bhagya Rao and Dr Deokinandan



(From L to R) Dr CS Pandav, Dr Vikas Desai and Dr Swarajlaxmi



Dignitaries during the plenary session on Reproductive and Child Health



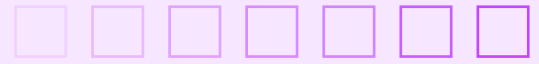
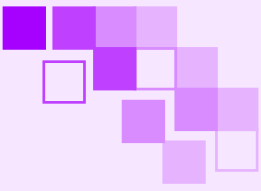
37th National Annual Conference of Indian Association of Preventive & Social Medicine, 22nd to 24th February, 2010, Ranchi

The Department of Preventive and Social Medicine, Rajendra Institute of Medical Science, Ranchi, Jharkhand organized the 37th Annual Conference of Indian Association of Preventive and Social Medicine from 22nd to 24th February 2010. The conference was inaugurated by Hon'ble Health and Family Welfare Minister, Jharkhand, Shri Baijnath Ram. The theme of 2010 conference was "Convergence for Health". A total of 10 plenary sessions were held during the conference and covered a wide range of topics including Public Health Teaching in Medical Schools, Sexual and Reproductive Health of youth in India, Health System, Maternal and Child anemia in India: Issues and way forward, Micronutrients: Programmatic issues, RNTCP: Involvement of Medical Colleges for effective implementation of RNTCP, NVBDCP: Comprehensive scope of VBDC after initiation of NVBDCP in India, NLEP: New initiatives, Adolescent Girl and HSS Dissemination, 2008.

A special plenary session on Micronutrients: Programmatic issues chaired by Dr V K Srivastava and Dr P Vashist was held during the conference. The session included five lectures and a panel discussion. The topics covered during the session were Vitamin A Supplementation, Community-based Supplementary Nutrition

program, Diarrhea, Zinc and Iodine Deficiency Disorders. Dr Chandrakant S Pandav gave a lecture titled "Iodine Deficiency Disorders and their control- Current scenario and Approach.





Third Meeting of National Coalition for Sustained Iodine Intake (NCSII) ICCIDD, c/o Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi, 15th march, 2010

The National Coalition for Sustained Iodine Intake (NCSII) was constituted in 2009 to accelerate progress towards sustainable elimination of Iodine Deficiency Disorders in India. The NCSII is proposed to act as a channel for high level advocacy as well as for streamlining communication and open professional discourse. In August 2009 the Secretariat for National Coalition for Sustained Iodine Intake was established at ICCIDD, c/o Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi. Till date two meetings of the coalition partners have been held in August and November 2009.

The third meeting of NCSII was held on 15th March, 2010 at the Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi. The agenda of the meeting was "NIDDCP: Partnership of Government, Non-government Organisations and agencies and way ahead"

The meeting was attended by the following people:

- 1) Dr BK Tiwari, Advisor (Nutrition), Ministry of Health and Family Welfare, Government of India.
- 2) Dr Chandrakant S Pandav, Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi
- 3) Dr Mohamed Ayoya, United Nations Childrens Fund, Country Office, New Delhi
- 4) Dr Jai Ghanekar, United Nations Childrens Fund, Country Office, New Delhi

5) Dr Sheila Vir, Consultant United Nations Children s Fund, Country Office, New Delhi

6) Dr Arijit Chakrabarty, Global Alliance for Improved Nutrition, Asia Office, New Delhi

7) Mr Mathew Joseph, Micronutrient Initiative, New Delhi

8) Mr Suvabrata Dey, Micronutrient Initiative, New Delhi

9) Dr Kapil Yadav, International Council for Control of Iodine Deficiency Disorders, New Delhi

The following points were discussed during the meeting:

- Strengthening the National Coalition for Sustained Iodine Intake (NCSII) to promote partnership amongst various stakeholders currently engaged in Iodine Deficiency Disorders elimination in India.
- Need for enhanced coordination and synergistic action amongst various stakeholders currently engaged in Iodine Deficiency Disorders elimination in India.
- Need to delineate specific areas under NIDDCP where different partner agencies would focus their activities.
- Sharing of proposed plan of action of various partner agencies with Advisor (Nutrition), MOHFW, GOI.
- Support for proposed multi-centric validation study for ionometer method estimation of urinary iodine.



Participants during 3rd meeting of NCSII,
(From L to R)

Mr Suvabrata Dey, Mr Mathew Joseph,
Dr Kapil Yadav, Dr Chandrakant S Pandav,
Dr B K Tiwari, Dr Arijit Chakrabarty,
Dr Mohamad Ayoya, Dr Sheila Vir,
and Dr Jai Ghanekar



Centralized training of laboratory personnel of MI 25th-26th Feb, 2010, ICCIDD, All India Institute of Medical Sciences, New Delhi

Micronutrient Initiative (MI) has been working with small scale producers in the states of Rajasthan, Gujarat, Tamil Nadu, Andhra Pradesh and Orissa. With its field laboratory network having salt iodometric titration capabilities MI has been actively monitoring the quality of iodization in the above mentioned states. Indian Coalition for Control of Iodine deficiency Disorders (ICCIDD) has been engaged as an external agency to establish quality assurance; both internal and external quality assurance, in the field laboratories of Micronutrient Initiative. The purpose of the project is to provide quality assurance support and training to MI's staff towards sustainable elimination of iodine deficiency disorders (IDD).

The centralized training workshop for the laboratory personnel of Micronutrient Initiative (MI) was conducted at ICCIDD, Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi from 25th to 26th February, 2010. The training was conducted to share the results of the quality-assurance program with laboratory personnel and to clarify various queries raised by the laboratory staff regarding the laboratory procedure of the salt iodometric titration.

Dr MG Karmarkar, Dr Chandrakant S Pandav, Mr RM Bunkar, Dr Kapil Yadav and Dr Vipul Kubawat were the resource person for

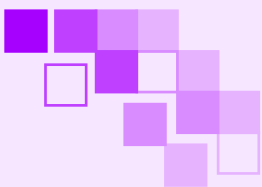
the training. Mr Suvabrata Dey and Mr Ranjan Kumar Jha from MI also participated in the training. The training session was attended by following 14 laboratory personnel Mr. Mukesh Kumar Jangid, Mr. Deepak Kumar, Mr. Tej Singh, Mr. Chandra Shekhar, Mr. Rajendra Kumar, Mr. Sanjay Ganwaria, Mr. Chetan Patel, Mr. Jitendra Hansora, Mr. Raydhan Thakore, Mr. Arulkumar, Mr. Mariappan, Mr. Seetharaman, Mr. Benjamin Varikuti, Mr. Panguluri Srinivasalu and Mr. Chinnarao.

Inaugurating the training program, Dr Pandav welcomed all the participants to Delhi and expressed hope that over the next two days the participants would fully exploit the opportunity provided to update their knowledge. The training program was spread out over four technical sessions: principles of quality assurance, analysis of laboratory quality assurance data from MI-ICCIDD program, problems identified by the participants in salt titration and discussion and feedback session. Dr Karmarkar clarified all the doubts to the satisfaction of the participants.

During the training, the detailed analysis of the results of internal quality and external quality assurance were presented to the participants. The training workshop was much appreciated by the participants and they requested that centralized training be made a regular event with sharing of results with the laboratory personnel at the end of every year.



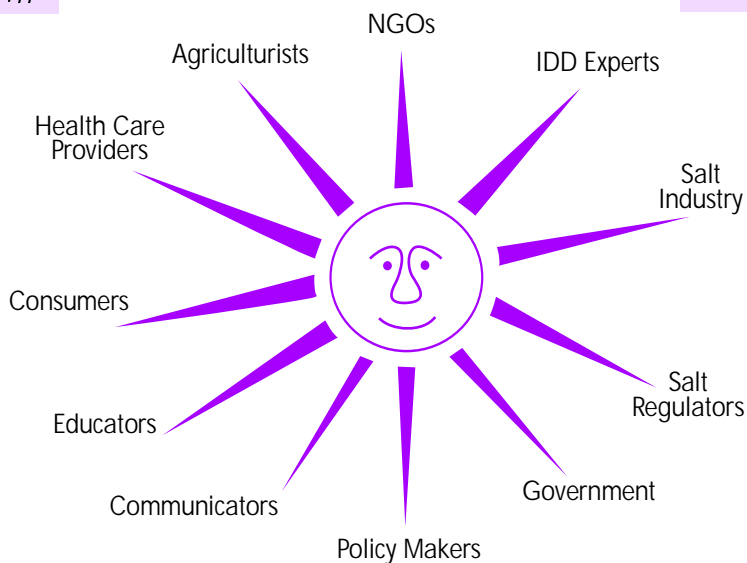
Participants with resource persons at the centralized training workshop, ICCIDD, c/o Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi



SALT pound bars were considered as currency in Ethiopia, Till 20th Century

आयोडीन युक्त नमक प्रतिदिन।
बुद्धि और स्वास्थ्य सुरक्षित रदिन।।

Daily consumption of Iodised salt is a healthy habit



Sustaining Elimination of IDD

