73rd Session of the WHO Regional Committee for South-East Asia

Statement by

Dr Chandrakant S. Pandav, Regional Coordinator, South Asia Iodine Global Network (IGN)

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Hon'ble Chairperson,

1.1 May I, on behalf of my colleagues in the Iodine Global Network (IGN) first of all thank the Regional Director for extending an invitation to attend the 73rd Session of the WHO Regional Committee for South-East Asia (SEA) being held virtually, the first time in the history of WHO.

1.2 May I, on behalf of my colleagues thank you for sharing the Progress **report on sustaining the elimination of Iodine Deficiency Disorders (IDD) in response to WHA 60.21(2007) resolution at the recently concluded 72nd World Health Assembly meeting held in May 2019.**

2. Iodine Deficiency is a disease of the Soil. Iodine is an essential micronutrient which is required in a minute quantity daily. Iodine is naturally present in the soil. However, as a result of climate change/glaciation aggressive deforestation/ frequent flooding of rivers/rivers changing course etc., iodine, which is present in the top layer of the soil and easily soluble in water is leached away and carried to the sea or ocean. Therefore, food crops, which grow in such iodine-deficient soil, are deficient in iodine.

3. According to the World Health Organization (WHO), Iodine deficiency is the single most important cause of preventable brain damage globally. The children born in iodine-deficient regions on an average have 13.5 intelligence quotient (IQ) points less than children born in iodine sufficient regions. Iodine Deficiency Disorders (IDD) with their effect on cognition, learning disabilities and brain development, have a major impact on human resource development, and thus continued national development and progress.

4. Totally 10 out of 17 Sustainable Development Goals (SDG) are related to IDD. *They are (i) No Poverty (ii) Zero Hunger (iii) Good Health and Well-being (iv) Quality Education (v) Gender Equality (vi) Decent Work and Economic Growth (vii) Industry, Innovation, and Infrastructure (viii) Responsible Consumption and Production (ix) Climate Action (x) Partnerships for the Goals.*

5. Globally, 1.8 billion people are living in areas at risk of iodine deficiency. Of these, an estimated 350 million people are at risk of IDD as they consume salt with inadequate iodine. Universal Salt Iodization (USI) is the primary strategy at the household level for the prevention control and sustainable elimination of IDDs.

6. We at Iodine Global Network have extensively worked on the landscape analysis of the Universal Salt Iodization program of all the countries in the South Asia Region namely Afghanistan, India, Pakistan, Bangladesh, Sri Lanka, Nepal, Bhutan, and the Maldives. At this point in time, India, and Nepal among other countries in the SEAR are leading by example in their effort to provide adequately iodized salt to all- humans as well as livestock.

7. In the last 30 years, since Salt Iodisation was scaled up in India, Universal Salt Iodisation (USI) has contributed to saving approximately 4 billion IQ points in India. Annually in India, Salt Iodisation has saved nearly 280 million IQ points. USI will further save approximately 325 million IQ points annually in India if we achieve the USI target of >90% coverage. Control and sustainable elimination of IDD and Sustainability of USI is intricately linked to economic growth. It has been estimated that 1-point increase in a nation's average IQ is associated with a 0.11% annual increase in Gross Domestic Product (GDP). Thus, IDD elimination can potentially contribute to a 1.5% GDP growth annually.

8. As per the recent India Iodine Survey (IIS) carried away by Nutrition International, in collaboration with AIIMS-New Delhi, Association for Indian Coalition for the Control of Iodine

Deficiency Disorders (ICCIDD) and Kantar conducted in India, there is a steady increase of household consumption of Iodised salt (>=5 parts per million (ppm)) which currently stands at 92.4%, while adequately Iodized salt (>=15ppm) with an average household consumption of 76.3 % by titration.

9. Children, Adolescents, Pregnant Women, Lactating Mothers and Non-Pregnant, Non-Lactating (NPNL) women had adequate levels of urinary iodine as per the Comprehensive National Nutrition Survey (CNNS) (2016-2018) carried away by the Ministry of Health and Family Welfare (MoHFW), Government of India, UNICEF and Population Council.
10. Nepal has also effectively eliminated IDD as a public health problem through a successful USI program. The Nepal Micro Nutrients Status Survey (NMNSS) 2016 serves as a benchmark for progress to date. According to this survey, 91 % of the households have access to adequately iodized salt by titration and 97% have access to iodized salt. Clearly, efforts to increase the availability of iodized salt and improve iodine status have been successful.
11. In recent years, there has been some confusion created regarding iodized salt containing Potassium Ferrocyanide (PFC) as poisonous. PFC is used as an anticaking agent during the manufacturing of the salt which prevents the formation of clumps in the salt. The quantity of PFC used is extremely small and the consumer's health is never at risk. Potassium cyanide, whose name sounds similar to Potassium Ferrocyanide is toxic and its toxicity is linked to dose. The misconception and confusion in people's mind are possibly due to this fact.
12. There has been unverified reporting regarding potassium ferricyanide in electronic media. Unfortunately, there has been a lack of authoritative sources/voices on these platforms. It is quite painful for me to hear and read the ignorant allegations that are being spread on social media about the harmful effects of iodine and Potassium Ferrocyanide in edible salt available in India in the last few months.
13. I feel most humbled and blessed to serve the cause of Sustainable elimination of Iodine Deficiency Disorders (IDD) and consequent progress of Universal Salt Iodization. I am extremely proud of the achievements. It would be a great tragedy if the millions of people who are in dire need of the element are deprived of it due to misinformed messages, especially during these unprecedented times of COVID-19.
14. **Hon'ble Chairperson, in Iodine Deficiency Disorders,**

14.1 It is essential that we ensure optimal iodine nutrition for every pregnant mother and child. Elimination of IDD should be recognized as an essential reproductive and child health intervention.

14.2 We have reached a remarkably interesting phase in IDD control Program. In terms of the flagship of Health Programs, IDDCP is one of the successful public health programs. There is the definite dire need to consolidate, accelerate and sustain the progress towards USI. USI is to be positioned strongly as an integral part of a comprehensive nutrition and food fortification.

14.3 Let us continue to have our daily Iodine consumption as per the Recommended Dietary Intake (RDI) for all the times to come. In addition, Iodine Solution can also be used for proper sanitation. The more people do this simple practice, there is a greater chance of reduction in COVID-19 transmission and its related morbidity and mortality apart from the reduction in IDD.

Dr Chandrakant S. Pandav, MBBS, MD, MSc., FAMS, FIAPH, FIAPSM
Regional Coordinator, Iodine Global Network (IGN), South Asia