



Universal Salt Iodization in Pakistan A Public Health Success Story.

Technical Session 2A: Salt and Iodine 1

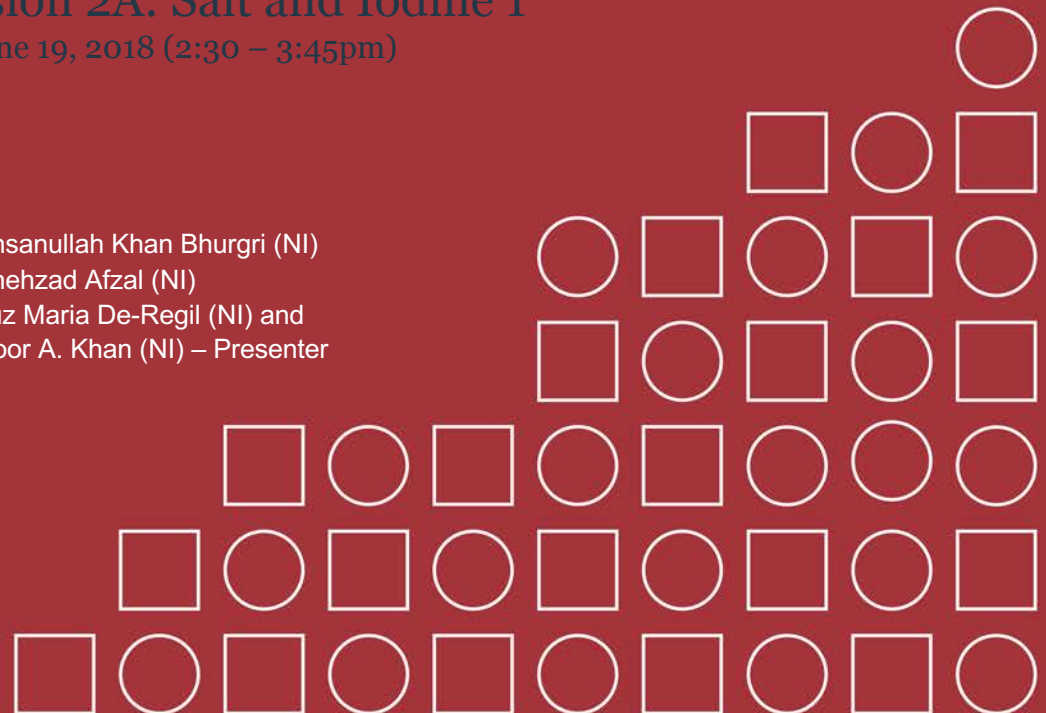
Tuesday, June 19, 2018 (2:30 – 3:45pm)

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Nourish Life



The History of USI in Pakistan

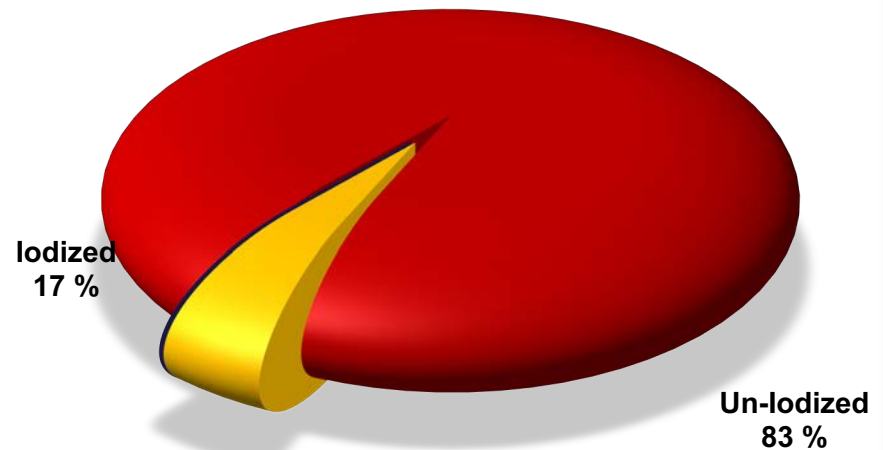
- **Knowledge of IDD in Pakistan – more than a century old**

- » 1987 – Lipoidal capsules/ injection in Northern Areas of Pakistan
- » 1989 – National IDD Control Program
- » 1993 – SPs targeted (initially Swat)
- » 1994 – National Program on IDD (USI)
- » 1997 – Swat focused as model area
- » 2000 – USI expanded to entire country

- **Little success gained**

- » 2005: Ultimately Revitalization IDD Control Program through USI-2005 by NI

- Over 50% of the population of Pakistan estimated to be at risk for Iodine Deficiency Disorders (IDD)

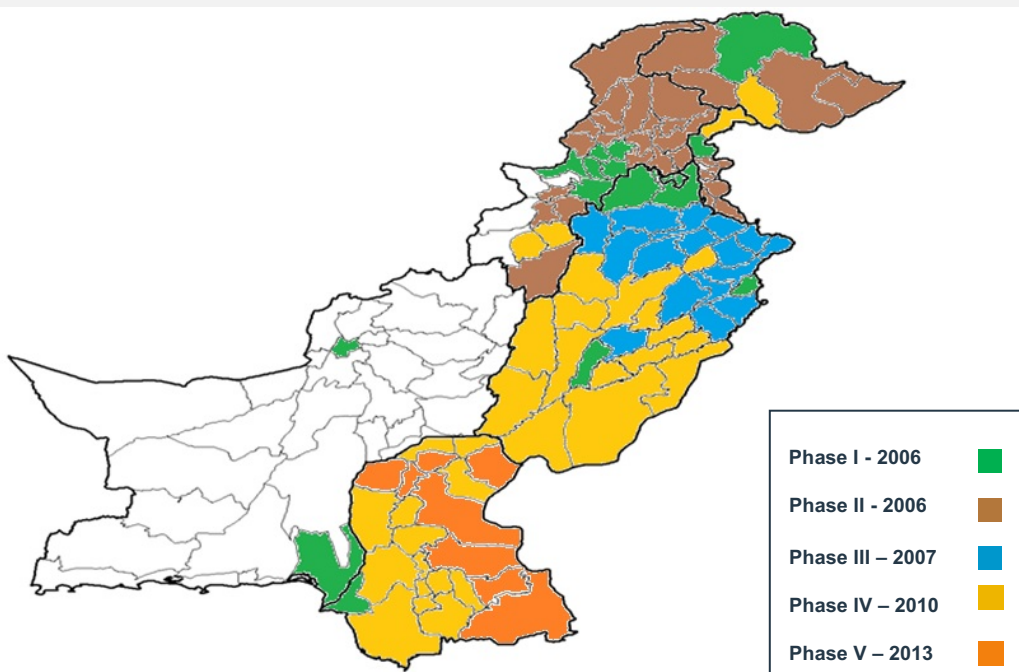


**HH utilization of iodized Salt
NNS 2001**

Evolution of USI-Pakistan Program -2006 onward

Pakistan Population (140 Districts) = 180 M

Salt units in 110 districts = 1400



USI Program Partners in Pakistan

- Overall Supervision: Government
- Technical Support: Nutrition International
- Implementation Partner: UN-WFP
- Advocacy & Communication: UNICEF
- Internal QC: GAIN

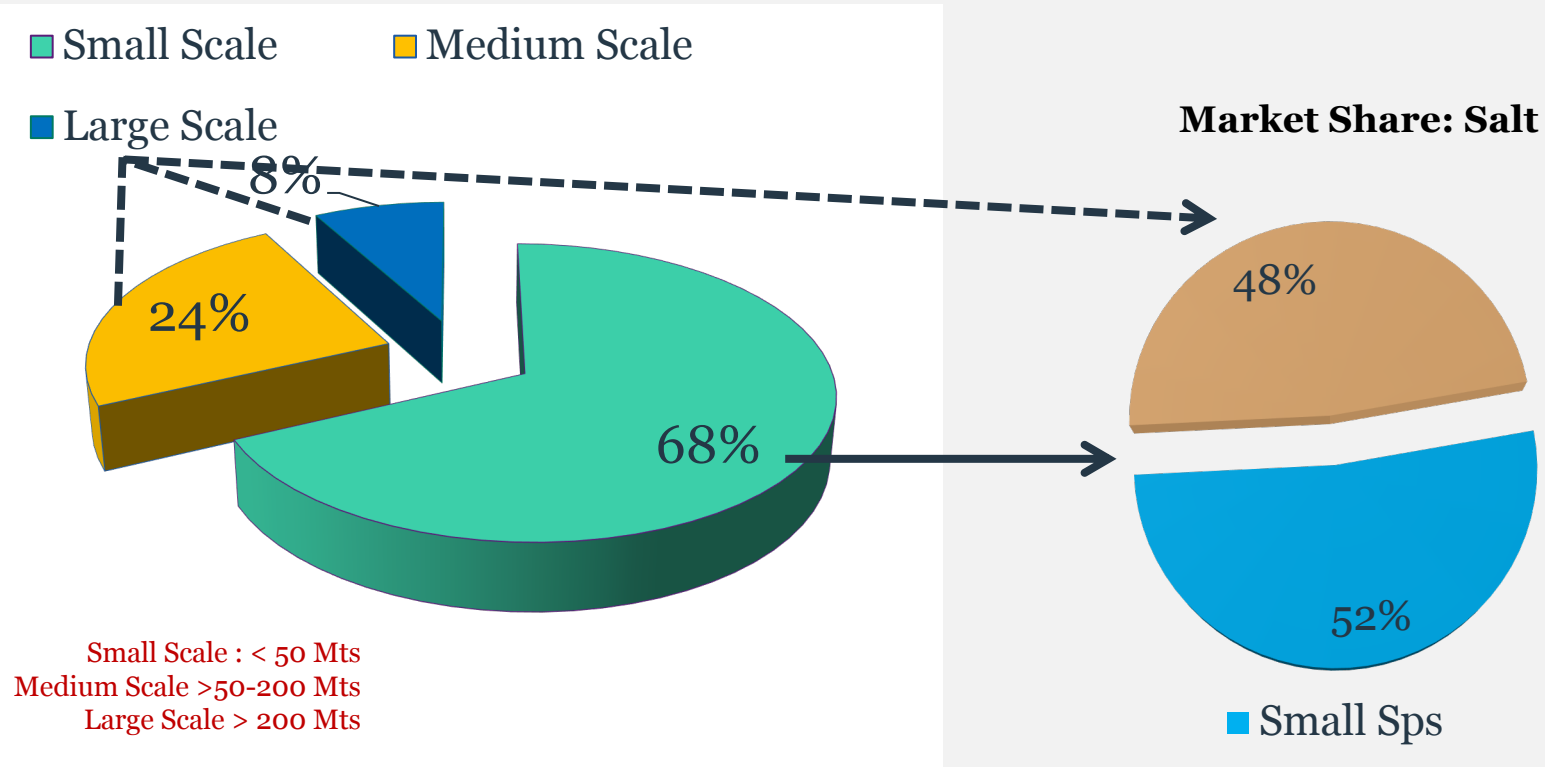
all working with

- Provincial & District Health Departments



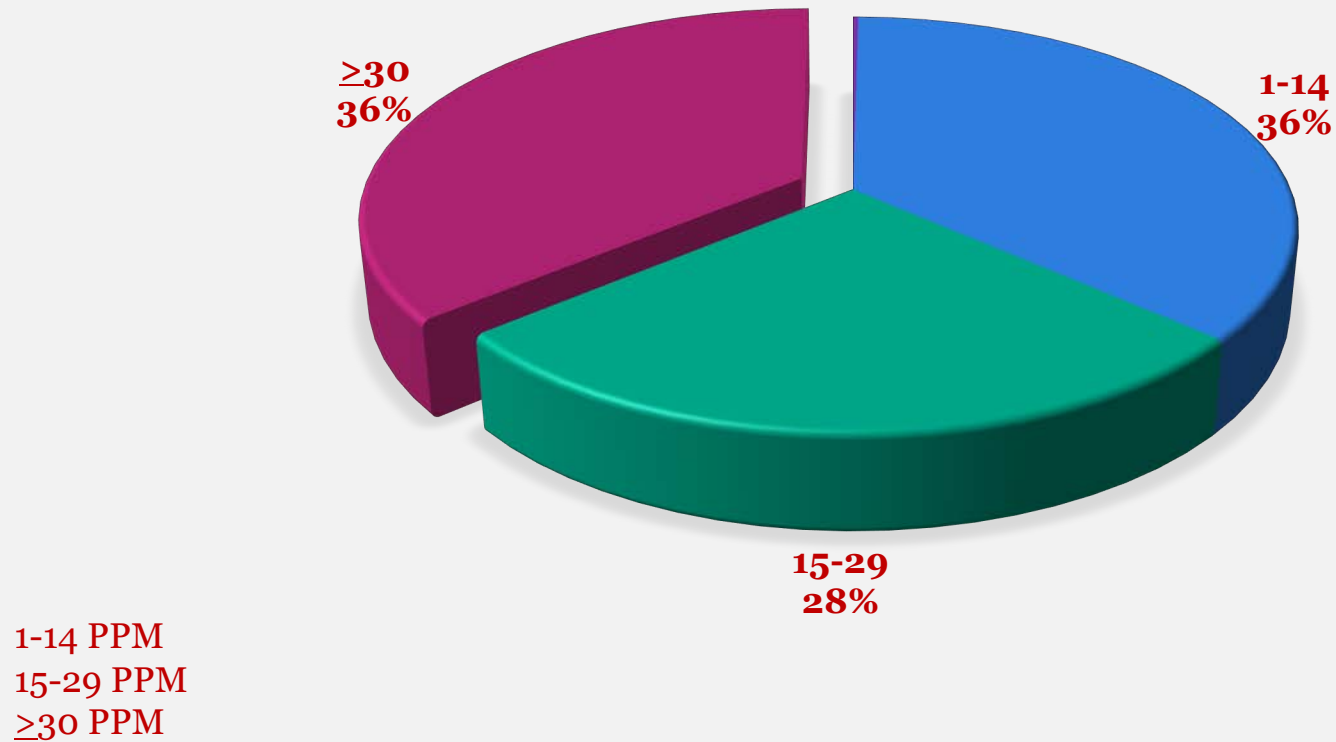
Salt Sector

Categorization of Salt Processors



Iodine Content in Salt at Production Level

Source: RADS 2010



Strategy for Iodization Program

Technical Support to Salt Processors (SP)

Key Contributions

- Capacity building of SP on adequate iodization and internal QC
- Support for Iodization Equipment
- Modification of Iodization Equipment for large & medium SPs
- Lab Support for Quality Assurance

Support to Govt in Monitoring & Quality Control

- Capacity building of Health Managers
 - Monitoring, quality control & assurance
- Support for external Quality Control
 - District QCL
 - Reference QCL
- Formation of District and Provincial IDD Control Committees.
 - Progress Review of USI Program, Implementation & Rectification Measures

Regulatory environment

Support in advocacy,
Legislation, regulatory
mechanism & enforcement.

Key Contributions

• **Advocacy meeting with Parliamentarians & Policy Makers**

- Legislation passed in Sindh & GB.
- Draft for the Iodization law provided in Punjab & KP

• **Technical support at provinces in formulation of rules**

- Framing of Rules of Business as per the Law in Sindh Province

• **Support extended in Amendment of Pure Food Rules**

• **Enforcement:**

- Capacity building of Sanitary Inspectors at District, Tehsil Level

Revolving fund-uninterrupted KIO3 supply

Key Contributions

Support in development & operationalization of Revolving fund



- Gradual Subsidy Withdrawal
- Creation & operationalization of Revolving fund through WFP Support
- Cost effective & sustainable mechanism to ensure un-interrupted supply of KIO3 at salt processors door step
- Sustainability
 - Procurement + Logistic + Equipment + QCL Cost embedded
- Oversight committee at Federal level along with partners monitoring the effectiveness of the revolving fund
- Price adjustment as per International Market Rate

The Outcome 2001 vs 2011 - Ref. NNS 2011

Prevalence of Goiter and Biochemical iodine deficiency

	Clinical Goiter		Biochemical Iodine Deficiency			
	2001	2011	2001		2011	
			Moderate	Severe	Moderate	Severe
Children 6-12 years	6.5%	-	17.0%	22.9%	10.0%	2.1%
Mothers 15-49 years	21.2%	2.9%	20.0%	36.5%	14.2%	3.9%

- Biochemical iodine deficiency declined from
 - ✓ 57% to 18% in mothers and
 - ✓ from 40% to 12% SAC
- Maternal Goiter declined from:
 - ✓ 21% in 2001 to 3 % in 2011
- HH Utilization increased from:
 - ✓ 17% in 2001 to 69% in 2011

Strengths of USI Program

- Ownership & Coordination
- Involvement of SP in the Process (Large-Medium-Small)
- Monitoring and Supervision
- Quality Control and enforcement
- Regular review, feedback and rectification (all levels)
- Strategic phasing-in and phasing-out approach

Conclusion:

- **Successful USI Program requires Multi-stakeholder approach.**
 - Technical Support to Public & Private sector
 - Ownership of the Program both by Public Institutions & Private Sector (SPs)
 - Un-interrupted supply of commodities KIO₃ through revolving fund
 - Program scale-up per capacity

