

DONOR REPORT

Maternal and Child health and Nutrition Project

Project Description: Iodine Deficiency Disorders Elimination in Uzbekistan: Focus on Universal Salt Iodization

Donor: G45602 1000 U.S.A USAID

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I. EXECUTIVE SUMMARY

During the reporting period, two major assessments have been carried out on USI and IDD. The first was a Salt Situation Assessment, the main objective of which was to establish the dynamics of salt production, trade and consumption in Uzbekistan. The second was an epidemiological cluster survey of iodine deficiency severity based on Urinary Iodine Excretion (UIE). The objective was to report on the result of the UIE survey to Members of Parliament validating the true status of iodine nutrition in Uzbekistan. A state programme on the elimination of IDD has been developed and approved by the Deputy Prime Minister, where the government is mandated to develop and adopt a USI law in 2006. An advocacy session on USI for party factions of the Uzbek Parliament was organized where MPs committed to speed up the process of adopting USI legislation. An MoU has been signed between MoH and UNICEF on sustainable procurement of potassium iodate for salt producers. Special attention was paid to improving the quality of monitoring iodized salt at the Central State Sanitary-Epidemiological Surveillance (CSSE), and national standards on salt for human consumption were developed and endorsed by the State Standards committee. The specificity of this standard prevents the penetration of non-iodized or inappropriately iodized salt into the market.

In 2005 more than 60% of the population had normal iodine status, 57% had access to adequately iodized salt, and 23% use insufficiently iodized salt. A major portion of non-iodized salt is produced by illegal salt producers. The USI legislation will be addressed in the parliamentary session in 2006.

II. PROGRESS OF THE PROJECT

Objectives addressed in 2005:

1. Improve the quality of monitoring at three stages (production, sale and household level) and strengthen coordination between parties involved, such as local government, SES, community, schools and consumer rights organizations.
2. Support the revision of national norms and standards for salt
3. Support salt producers in establishing a sustainable mechanism to procure potassium iodate to ensure future production of iodized salt.
4. Support cooperation between leaders in Government, salt producers and consumer organizations in the national IDD elimination efforts
5. Advocate for support from ministries and high government officials to pass and implement decrees/legislation for USI as soon as possible.

Overview of project implementation

- Actions taken to eliminate iodine deficiency disorders through the Universal Salt Iodization initiative require appropriate monitoring. According to the WHO, the best criterion for assessment and monitoring of iodine deficiency is urinary excretion of iodine, which is a quantitative and direct indicator of iodine provision. To determine the iodine status among the population of Uzbekistan, a survey based on multistage stratified and cluster methods was carried out covering the whole country. The most optimal or normal level is 100-300 mcg/l of iodine content of urine. The data obtained for iodine content in urine were grouped by urine iodine concentration as follows: <20 mcg/l corresponds to severe iodine deficiency, 20-49.9 mcg/l to moderate deficiency, 50-99.9 mcg/l to mild deficiency, and 100-300 mcg/l corresponds to optimal or normal. For the study, a representative sample of children aged 6-12 years were selected for UEI in 12 oblasts, Tashkent city and Karakalpakstan and in total 4200 (100%) urine samples were collected in 420 clusters. The results of urinary excretion of iodine showed severe iodine deficiency in 495 (11.8%) urine samples, moderate iodine deficiency in 381 (9.1%) samples, mild iodine deficiency in 794 (18.9%) samples and 2530 (60.2%) had urine iodine concentration corresponding to the normal standard of 100-300 mcg/l. This means that efforts should be focused on 40% of the population with moderate or severe iodine deficiency.

This survey also identified at the household level the percentage of the population consuming iodized and non-iodized salt. On the whole, at the consumption stage the table salt iodine survey showed that of 4200 (100%) salt samples collected in 420 clusters, 853 (20.3%) contained no iodine, 972 (23.1%) samples had insufficient iodine of 5.0-14.9 g/t, and 2375 (56.6%) salt samples had adequate iodine content of 15.0-55 g/t. Regional disparities were revealed e.g. 80.3% of the population in Navoyi oblast consume iodized salt and 81% of urine samples contained 100-300 mcg/l of iodine. The worst situation is in Kashkadarya oblast having 37.7% iodized salt consumption, evidenced by low urinary excretion of iodine (68.3% of population with

low urinary excretion of iodine). In the Republic of Uzbekistan iodine deficiency remains severe and requires urgent measures.

- The second assessment on Salt Situation Analysis consisted of an inventory of all salt industries in the country by classifying them into large, medium, and small scale industries, and determined the amount of salt produced in the country and the percentage of households having access to iodized salt. Such an assessment made it possible to: ascertain the population's attitude and behaviour towards the use of iodized salt; ascertain the presence and functionality of iodized salt production and trade regulatory and control mechanisms; and assess the impact of the communication materials so far produced to promote the use of iodized salt.

Prior to the current salt situation analysis, there were 29 salt producing companies in Uzbekistan. In the course of the study, it was shown that there are 65 such enterprises in the country, although information on production activity was received on only 53 of them. According to the study, the volume of common salt consumed by all households in the country in 2004 was 245,000 tons (160,000 tons for cooking purposes, and 85,000 tons for feeding animals and poultry). Uzbekistan's sales outlets sold approximately 210,000 tons of salt (some part of food grade salt is probably being sold not via sales outlets). According to the official data provided by salt producers, they manufactured 91,486 tons of salt in 2004. This leads us to the conclusion that about 60% of common salt consumed is being produced in the informal sector of the market. The results of the survey show that monitoring is being conducted; however, it produces little effect on the quality of iodized salt. Only half of the manufacturing enterprises have labs for checking the iodine level in salt, and most enterprises are violating the technological process of food grade iodized salt production. Tests of iodized salt samples taken at manufacturing enterprises showed that only 27 salt producers were adequately iodizing the salt.

In 88% of the surveyed sales outlets, iodized salt was purchased in plastic sacks or bags. The assessment revealed about 70 brands of iodized salt in these sales outlets. This could be explained by the fact that some producers are manufacturing more than one brand of salt, and that some salt is being supplied to the market by illegal manufacturers, in their own packages that often do not carry any information about these manufacturers. Salt marked as "iodized" was stored at all sales outlets, while salt marked as "non-iodized" was found in only 6 of the 207 surveyed sales outlets. Yet 30% of households had salt that was marked as "iodized", whereas actually it was not adequately iodized.

The average price for one kilogram of common salt varies throughout the regions, ranging from 74 soums in the Khorezm oblast and Karakalpakstan, up to 134 soums in Tashkent city (average price is 96 soums in Uzbekistan). In rural areas salt is on the average 25% cheaper than in the cities (86 soums against 114 soums). The minimum price of the main brands of salt is 50 soums/kg, with the maximum price reaching up to 200 soums/kg. The higher cost of better-quality iodized salt and advertising costs could result in an increase in prices up to 20-30 soums, reaching the average price of 110-130 soums per kilogram of salt. This price acts as a psychological barrier, and might lead some consumers from the poor population to start purchasing common salt instead. This assertion is especially important for the rural population who are the main consumers of common salt for animal consumption.

The results of the study show that 82% of households in the country have heard or read something about iodized salt. Most households (82%) prefer to use iodized salt for cooking meals at home. The reason for this preference, in the opinion of 80% of respondents, is the good effect of iodized salt on human health.

- Until now all legal salt producers have been working with state normative and standard (# 13830-97) on salt iodization adopted for all CIS countries in 1997. This normative document indicated that the expiry date of iodized salt should be 3 months, thus was contradicting an internal MoH document on norms and standards on iodized salt (SANPiN 0085-98). To bring all norms and standards in compliance with international ones, UNICEF supported the State Standards Commission to develop new standards on salt iodization (OzDSt-1091:2005). The new standard contains all necessary requirements regarding salt quality, level of iodization, salt packaging, labeling, and method of internal and external monitoring. The document has been printed and distributed in a special session organized for all salt producers and similarly for all sanitary inspection control department experts. The country's salt production enterprises are now obliged to apply new normative standards as of December 20, 2005. Another specificity of this standard is that it is seen as a tool to prevent illegal salt producers from penetrating the market with non-iodized or inappropriately iodized salt.

- The lack of potassium iodate in the market created disturbances among legal salt producers. The cost of potassium iodate in the black market reached \$36-40 per kilo. In mid August, UNICEF supported a third session of the National Salt Producers Meeting. The salt producers reached the consensus to unite to strengthen their position as buyers of potassium iodate, and to combine their efforts in the promotion of consumption of only iodized salt. An MoU has been signed between MoH and UNICEF with the participation of salt producers on sustainable procurement of potassium iodate for salt producers. A platform was created for a revolving fund for the procurement of potassium iodate starting in 2006. Some salt producers are becoming active in nutrition education. One of the big salt producers "Salina" started advertisement for iodized salt in the mass media in November 2005.
- UNICEF assisted the government to develop a state programme on the elimination of IDD. The state program was approved by the Deputy Prime Minister, under which the government is mandated to develop USI legislation to be adopted by parliament in 2006.
- Special attention was paid to improving the quality of monitoring iodized salt at the Central State Sanitary-Epidemiological Surveillance (CSSE). During this reporting period all sanitary and inspection controls undertook activity monitoring at markets and withdrawing non-iodized salt from bazaars and other sales outlets. The quality of monitoring has been improved but the frequency does not exceed 40-50% of that planned. Another factor acting as an obstacle is corruption in some areas.
- The results of the study and survey have been presented to the parliament to awaken members to the danger of IDD. The main point of the advocacy session for party factions of the Uzbek Parliament was to gain MPs' commitment to speed up the process of adopting legislation on USI. All heads of faction and the head of the parliamentary sector on social issues supported the idea of having USI legislation. Currently the legislation has been drafted and is under review among 9 ministries. In the mean time, local oblast governments issued decrees prohibiting the sale of non-iodized salt in their area.
- To improve cooperation between local government leaders, salt producers and consumer organizations in the national IDD elimination efforts, coordination councils were established in all 14 regions of country. Each oblast government developed a provision on a coordination council where the role and responsibilities of each member were determined. One of the tasks of the council is to review quarterly monitoring reports on USI and take administrative measures and action to rectify the situation and/or alleviate the work of legal salt producers where necessary.

III. UTILIZATION OF DONOR FUNDS (2005)

Activity	Amount
1. Advocacy at national and local level in support of adoption of USI legislation and revision of iodised salt standards and norms	\$11,240.97
Session for MPs in lower chamber of parliament	\$74.28
Support to Coordination Monitoring Council Meeting	\$5,500.82
Development and printing of standards of iodised salt at GOST	\$2,944.81
Miscellaneous expenses, including travel	\$2,721.06
2. Training of salt producers, SES and consumer rights organization on monitoring of USI/IDD at national and local level	\$17,355.98
Training for 26 salt producers on IS monitoring	\$8,263.21
Study on measurement of urinary excretion	\$6,975.17
Supplies for training and equipment for epidemiology institute	\$2,117.60
3. Assist salt producers in sustainability of procurement of potassium iodate	\$2,452.34

TOTAL		\$31,049.29
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IV. FUTURE ACTIVITIES

- The lack of a mandatory legislation for Universal Salt Iodization is still a major constraint. Therefore, priority attention will be given to reinforcing advocacy in adapting the USI law with the parliament and government.
- First steps in the provision of potassium iodate have been completed. Further strong support to the sustainable procurement of potassium iodate will be provided through the procurement service mechanism of UNICEF. The mechanism will be legalized through the development of a contract and MoU.
- Training of the consumer rights organization on USI and support its monitoring of USI. In two phases community leaders will be involved in USI monitoring in their respective territories and remove non-iodized salt from sales outlets. Improve effectiveness of internal and external quality assurance of salt iodization through training of salt producers and SES on monitoring of USI/IDD at national and local level.
- Reinforcing communication and marketing of iodized salt. Promotion of iodized salt and a clear product image will be needed, especially after the new law will be approved. The salt producers will be supported in promoting the consumption of iodized salt and sales channels will also be used for promotion.