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Address by Mr. James P. Grant  
Executive Director of the United Nations Children's Fund (UNICEF)  
at the  
Regional Meeting for Universal Salt Iodization  
Towards the Elimination of Iodine Deficiency Disorders  
in the Americas

Quito, Ecuador  
9 April 1994

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**Iodine Deficiency Disorders on the Run**

Let me say at the outset how delighted -- how honoured -- I am to participate in this important meeting. On behalf of UNICEF and the 150 million children of Latin America I would like to thank President Sixto Duran Ballen; Minister of Health, Dr. Patricio Abad and the entire government of Ecuador for hosting this event, and for the worldwide leadership Ecuador is providing in the effort to eliminate iodine deficiency disorders (IDD) -- which affect some 650 million people, put 1.5 billion people at risk and is the leading cause of mental retardation among children. UNICEF is very proud to be co-sponsoring this gathering and we thank all of you -- government officials, public health experts, salt industry leaders, international agency representatives, NGO activists and members of the media -- for taking part. Special greetings to PAHO Director Dr. Carlyle Guerra de Macedo and his colleagues, stalwart partners in all our endeavours for children, women, health and sustainable human development in this part of the world. I also wish to extend thanks to the donors who have been active, including Belgium, Italy, the United States and, in particular, Canada, which played a vital role in making this meeting possible, as well as leading NGOs, most notably, the ICCIDD and the Kiwanis.

**Global momentum for children**

Three and a half years ago, the first truly global summit ever held -- bringing together leaders from North, South, East and West -- was convened in the name of children. The 1990 World Summit for Children not only attracted what was until then the largest number of heads of state and government ever to attend a summit meeting, but also produced a remarkably specific set of principles and an action plan for reaching 27 arguably doable goals by the year 2000 -- achievement of which would, in effect, overcome most of the worst aspects of absolute poverty for children. A total of 157 heads of state and government have now signed the World Summit Declaration and Plan of Action -- no other document in history has been signed by so many leaders. Moreover, some 120 countries have issued or drafted detailed National Programmes of Action (NPAs) for reaching mid-decade and year 2000 goals for children and women.

As you know, one of the critical nutrition goals of the World Summit was the virtual elimination of iodine deficiency disorders.

Meanwhile, 156 States have ratified the Convention on the Rights of the Child -- which came into force in 1990, on the eve of the World Summit, saying, in essence, that children's basic needs are to be treated, henceforth, as rights. This is a revolutionary notion, a legal and ethical breakthrough of the highest order, in a world that historically denied that children had any rights whatsoever.

Among its comprehensive provisions, the Convention highlights the obligation of governments, families and society to combat malnutrition, including such micronutrient deficiencies as IDD, and to provide children with proper nourishment and health care. For the first time in history, the world is in the process of agreeing on minimum standards for nurturing the young.

The United Nations Committee on the Rights of the Child has decided to use the World Summit goals and timetable as a yardstick for measuring national compliance with many of the provisions of the Convention relating to children's social and economic rights. I would suggest that one of the clearest signs of a country's commitment to meeting its obligations under this Convention will be whether it has taken the necessary action to ensure that all people -- but particularly women of child-bearing age and children -- receive the one ten thousandth part of a gram of iodine they need each day. I am sure you will agree that providing each individual with such a tiny amount of this vital micronutrient should be possible in every country. And vital it is. At the beginning of this decade some 30 per cent of the world's population was at risk of IDD and as noted earlier, some 650 million were actually affected by IDD.

#### **Why the elimination of IDD became a goal**

In the preparatory work leading to the World Summit for Children, it became obvious that there were health and nutrition goals for which particularly rapid progress could and should be made. The elimination of iodine deficiency disorders was clearly one of these goals for the following reasons:

\* First, our understanding has grown enormously in recent years concerning the terrible effects of even moderate iodine deficiency on the mental development of children. Although goitre and cretinism have been recognized for thousands of years, and their association with inadequate iodine has been known for over a century, it has only been in the last few years that the significance of marginal iodine intakes for the mental development of whole populations of children has been recognized.

Some of the first work linking marginal iodine deficiency to impaired child mental development was done here in Ecuador -- I know that some of the scientists involved in that pioneering research are here with us today. We all owe them a debt of gratitude. Recent studies conducted in Malawi with UNICEF support have confirmed and strengthened their findings. Controlled clinical trials in Malawi demonstrated that primary school children who received iodine supplementation performed remarkably better in several tests of mental development -- over 50 per cent better on some tests -- than children not supplemented with iodine. Iodine supplementation was also shown to increase the children's physical stamina and eye-hand coordination.

There are now 15 different major studies done all over the world which lead to broadly the same conclusions. We can now say with assurance that in areas where there is moderate and severe iodine deficiency, the intellectual and cognitive development of whole generations of children will be reduced by around 10 per cent unless adequate iodine is provided. These children will not have the obvious signs of cretinism, and they may not even have goitre, but their intellectual and productive potential has nevertheless been stunted as a result of IDD.

\* The second reason that elimination of IDD has been placed on a fast track is that a number of countries, including Canada, Switzerland and the United States, had clearly shown many years ago that the affliction could be eliminated through one very straightforward, very low-cost and very safe measure -- adding a tiny amount of iodine to all edible salt consumed throughout the whole country, which could be paid for readily by the consumer.

\* Third, several developing countries -- most notably Ecuador -- and some states in India and Bhutan, had also shown that it was possible to systematically tackle the problem of iodine deficiency through iodising salt. These experiences demonstrated that this was not just an intervention appropriate for highly industrialized countries, as many had previously thought, but was perfectly within the reach of the developing world as well.

\* Fourth, world scientific and medical opinion had been mobilized, and the experts were calling for urgent action. In this regard, I must mention the outstanding work of the International Council for the Control of Iodine Deficiency Disorders under the leadership of Dr. Basil Hetzel (who is here with us today). As the far-flung implications of IDD for individuals and nations became better understood, doing something to eliminate it became a political imperative. It became almost criminal not to.

\* Fifth and lastly, eliminating iodine deficiency was clearly one of the most cost-effective nutrition interventions. Above and beyond the obvious benefits of IDD reduction to individuals, it has been estimated that the monetary value to society of reducing the number of severely retarded children and of patients requiring treatment for goitre is at least three times the cost of iodizing salt -- a cost-benefit ratio greater than for almost all other nutrition and health interventions. The World Bank has estimated that for each dollar invested in iodine fortification programmes, the discounted value of productivity gained is a remarkable US\$28. It is more difficult to put a precise value on improved learning ability and enhanced labour productivity, or on the more subtle improvements in health (such as a reduction in the prevalence of the most dangerous type of thyroid cancer), all of which result from adequate iodine intake; but it is obvious that if these benefits could be factored into the calculation, then the cost-benefit ratio of eliminating IDD would be even greater.

#### **Universal salt iodization is the solution**

As a result of these and other factors, at a series of regional meetings held in 1992 and 1993 with government leaders, senior policy-makers and representatives of international organizations, it was agreed that the most important preliminary step to eliminating IDD by the year 2000 -- the iodization of all edible salt -- would be completely feasible by the end of 1995.

This target of iodizing all salt is now part of a package of mid-decade goals that have been endorsed by the governing bodies of WHO and UNICEF and Dr. Nakajima, Director General of the World Health Organization, and I have written to all heads of state and government encouraging their leadership and offering WHO and UNICEF support for the achievement of these goals. UNDP's Administrator Gus Speth recently instructed all Resident Representatives around the world to provide strategic support to national efforts to reach the mid-decade goals for children and women. We estimate that the achievement of these goals, including iodization of salt, by the end of 1995 would mean **saving an additional two million child lives each year, and improving the physical and mental development of tens of millions more.**

We are here today to recognize and to learn from the remarkable success that Ecuador has had in combatting the longstanding problem of iodine deficiency disorders. It is important for us to remember that scientists and others concerned with public health have clearly understood the problem of IDD in Ecuador for over 40 years, and that the success that we will hear about at this meeting is not due only to work that started in 1990. Ecuador is now in the enviable position of being able to declare that IDD is close to being eliminated because it started to tackle

the problem early on -- and it was fortunate enough to be able to benefit from the generous and far-sighted support in this area from a friendly donor country, Belgium.

#### **Ecuador's experience -- leading the way**

Ecuador is indeed a flagship country in the global IDD elimination effort -- a country that can lead the way. It will be important for all of us to leave this meeting and to leave Ecuador with a clear understanding of the critical factors that made Ecuador's success possible. What really made a difference here and how can these lessons be applied elsewhere? This is the key question to be answered. But I hope that the guests from other countries represented here do not leave with the idea that in order to successfully tackle the IDD problem they will need another 20 years of painstaking work and millions of dollars in outside support to reach the goal. No, we must recognize that while all of Ecuador's important work has made a very major contribution to the global movement to tackle IDD, much of it does not need to be repeated and lessons learned here can help accelerate progress towards achieving the goal elsewhere by the end of 1995.

Permit me to mention what I feel might be some of the critical steps in Ecuador's success, and some of the issues this gathering might explore over the next few days:

\* First, Ecuador developed a consensus among its experts about the existence and significance of the problem of iodine deficiency. Ecuador's scientists -- with the support of leading international scientists -- were able to draw firsthand upon the results of very detailed surveys and elaborate research work. There is now ample data from many countries confirming what Ecuador discovered: that wherever intakes of iodine are even marginally deficient there are important individual and social consequences and costs. This consensus is now solid internationally, thanks to the work of ICCIDD, PAHO and WHO, and it has been accepted in most, but not all, countries. At this stage, therefore, it should be possible to mobilize expert consensus on the need for accelerated IDD efforts -- where the problem exists -- without a great deal of costly and time-consuming preliminary surveys and technical research.

\* Second, agreement was reached in Ecuador about the need for action, and on what the main thrust of IDD efforts would be. It is an incontrovertible scientific fact that a child needs a small amount of iodine in order to develop to her or his full capacity. It is equally certain that the food and water consumed by a large proportion of the population of most developing countries contains too little iodine to provide the amount required. These scientific facts have been known for at least 60 years, yet in the majority of countries, this

knowledge has not yet been translated into practical action to improve the lives of people. Science tells us what can be done, not what should be done. Scientists are good at identifying options and possibilities. History tells us that rapid social progress is made only when widespread consensus is reached on the best way of solving a particular problem and significant social forces are set in motion behind the chosen solution. Perhaps one of the reasons why it has taken so long to tackle iodine deficiency is that too many different ways of addressing the problem have been identified, not too few. Ecuador has clearly identified the single best solution; and there is now a broad global consensus that iodizing all salt consumed by people and animals is the way to go almost everywhere. No other intervention is likely to be as effective, as low cost and as sustainable.

\* Third, in Ecuador it was recognized that action by a variety of different partners is necessary. Although the problems caused by iodine deficiency -- mentally retarded children, high rates of stillbirths, people disfigured by goitres, etc. -- are most obviously relevant within governments to the Ministry of Health, the most effective way of tackling the problem, iodization of salt, clearly lies outside the control of the health sector or even of the government alone. No ministry of health and very few governments actually produce or distribute salt. Success in IDD elimination through universal salt iodization will, therefore, depend on the mobilization and support of many sectors of government, not just the health ministry, as well as of the salt industry. Indeed, the real breakthrough in child immunization occurred in many countries when the health sector realized that it alone could not solve the problem of vaccine-preventable diseases, and the support of many other sectors of society was requested and encouraged. And effective intersectoral action requires the support and commitment of the highest levels of government -- of the president's office, and of the national planning authority. We will be hearing how Ecuador has accomplished all this for the IDD crusade.

\* Fourth, mobilization of the private sector. We need to learn more about how Ecuador convinced salt manufacturers that it was in their interest to iodize salt. And, very importantly, how were the small salt producers assisted to iodize their salt? Salt iodization is an excellent example of how good cooperation between government and the private and productive sector can yield important social benefits. On its own, the private sector will be unlikely to iodize salt. Industry will rightly ask for detailed guidelines from government on how and why iodine should be put in salt, and industry will normally welcome a law requiring all salt producers to iodize salt, so that no producer can profit from selling uniodized salt more cheaply. In effect, we need a

level playing field. Governments should find ways of helping the industry to iodize salt -- by lowering taxes on the sale of iodized salt, by making initial grants of potassium iodate, by exempting machinery from import duties, among others. Public-private sector collaboration in salt iodization can pave the way for broader cooperation between governments and the business community for children's well-being and human development in general.

\* Fifth, Ecuador was able to stimulate public demand and gain widespread public acceptance of iodized salt. How exactly did this happen? I believe that experience will show that IDD programmes are most likely to be successful and sustainable where people are not just simply persuaded to buy iodized salt, but where people are helped to see iodized salt as a solution to an important problem that they themselves have recognized. I urge you to review Ecuador's experience in the use of innovative communications strategies which mobilize people to tackle their own priority problems.

\* Sixth, it will be critical everywhere to monitor and sustain IDD elimination efforts. We must be aware that, unlike smallpox -- which has been eradicated -- iodine deficiency disorders will return to countries which cease to be vigilant -- which drop their guard, as I am afraid has already happened in Guatemala and Colombia. This meeting must take a close look at how Ecuador is proposing to monitor its programme to ensure that all salt continues to contain an adequate amount of iodine. What will be the respective roles and responsibilities of the salt industry and of government in this regard? How is Ecuador planning to ensure that the whole of its population consumes properly iodized salt during the next decade and beyond? Monitoring and vigilance are absolutely critical to sustainable success. It would be tragic to eliminate IDD today only to have it return as a scourge for later generations. I commend the action of the Ecuadorean Government in inviting an independent group of consultants, including the ICCIDD, to review evidence of progress towards elimination of IDD. This is a critical step, analogous to that widely followed in immunization efforts, which provides an important example for other countries.

#### **An agenda for urgent action**

Let me now mention some ways in which international organizations such as UNICEF, PAHO, CIDA, ICCIDD and the Kiwanis can help countries to achieve the goal of IDD elimination through universal salt iodization:

1. It is almost always easier for governments (like individuals) not to act than to act. To take action, to take bold initiatives, always involves taking political



risks. But governments will find it easier to take action if they are able to draw upon successful experiences from elsewhere. Simultaneous action to tackle major problems in many different countries can help to create a special kind of global solidarity.

2. As we have seen with immunization, global action helps to create important economies of scale. Already, UNICEF has been able to negotiate a significant reduction in the price of potassium iodate -- down to less than US\$8 per kilogram -- compared to as much as US\$20 per kg which some salt producers were recently paying. (Incidentally, one kilogram of potassium iodate is sufficient to iodize all of the salt consumed by 10,000 people for an entire year). UNICEF is also working with the manufacturers of the spray mixing equipment required to iodize salt in several different countries. Through improvements in design and manufacturing volume, the price of a basic machine has now been halved -- from around US\$14,000 to US\$7,000.
3. Although it is hoped that the small additional costs of iodizing salt will be borne by the consumer -- as is the case in Ecuador -- it is recognized that some countries will need additional 'start-up' funds to establish and universalize salt iodization at the outset.

Very importantly, UNICEF has entered into an agreement with the international service organization -- Kiwanis -- whereby Kiwanis will help to raise a significant part of the additional funds needed. The participation of the Kiwanis, some of whose leaders are with us today, goes beyond the significant financial contribution they have pledged to make. The fundraising of the Kiwanis will provide a tremendous contribution to public education about the historic malady and how we are now in a position to vanquish IDD. We are privileged to have with us at this conference a delegation of Kiwanis officials headed by Mr. Kurt Hansen Holm, Kiwanis District Governor for the Andean and Central American area. I hope all of you will have an opportunity to speak with him over the next two days to see how the powerful Kiwanis network can be mobilized most effectively in support of your national IDD campaigns. The World Bank is now in the final stages of negotiating a US\$30 million loan to China for salt iodization -- the first but hopefully not the last World Bank soft loan for this specific purpose.

### **Bolivia's success**

As well as learning about the particular experiences of Ecuador during this meeting, we will hear about the achievements of other countries in Latin America and the world. In the context of Latin America, let me mention that I believe that the experience and the recent achievements of Bolivia closely parallel those of Ecuador. Just ten years ago, Bolivia had one of the worst IDD problems in the world. Sixty-five per cent of school children had goitre. Today, less than five per cent of school children have goitre, and other indicators of IDD suggest that the problem is close to being eliminated. The success of Bolivia's programme also depends largely on the use of iodized salt. By 1992, most salt was already being iodized, and today sufficient iodized salt is produced to meet total demand. Bolivia's achievement is all the more remarkable because Bolivia has several large natural salt deposits from which uniodized salt can easily be gathered and distributed by numerous small producers. A particularly innovative alliance of salt producers and government in which credit was made available helped to achieve this success. The Government of Italy has provided sustained and significant (some US\$4 million) support to this effort over a 10-year period.

Earlier this week, at a superb meeting in Bogota of Latin American and Caribbean ministers and officials responsible for implementing their countries' National Programmes of Action for children, I learned that almost all other countries in the region have already iodized most of their salt, or are planning to do so by the end of this year. This is most encouraging, and it leads me to suggest a challenge for the region.

### **The challenge - universal salt iodization by 1995**

Excellencies, colleagues, and friends: just as this hemisphere will soon be proclaimed the first totally polio-free region on earth, I believe it can also become the first to achieve universal salt iodization -- well before the end of 1995, which is the mid-decade goal. Can Latin America and the Caribbean join the United States and Canada -- which have already overcome the problem -- to make this hemisphere the first in the world to virtually eliminate the scourge of IDD? Can you do so ahead of schedule, in a tremendous push that will inspire the world?

What you do here, what you strive for and accomplish here, has an enormous impact around the globe. The immunization campaign in Colombia, Brazil and other Latin American countries in the mid-1980s inspired similar efforts in numerous countries around the world. But complacency could poison the progress you have made -- Bangladesh and India, for example, now have higher immunization levels than Latin America as a whole.

I would hope that each and every one of your heads of state will be able to stand up a year from now, at the World Summit for Social Development in Copenhagen next March, and report not only good progress toward timely achievement of the mid-decade goals for children, but also the eradication of polio and the universal iodization of salt in this hemisphere. This means, of course, that each and every one of us here today must redouble our efforts and make the next twelve months a period of historically unprecedented action for children.

In doing so, you will raise the IQs and productivity of your populations and give overall human development a real boost on the eve of the 21st century and the 3rd millennium.

### QUITO DECLARATION ON UNIVERSAL SALT IODIZATION

The countries participating in the Regional meeting on Universal Salt Iodization Towards the Elimination of Iodine Deficiency Disorders in the Americas, held in Quito, Ecuador, from April 9 to April 11, 1994, recognizing that:

- A large proportion of the people living in the region are at risk of iodine deficiency disorders (IDD), due to inadequate amounts of iodine in soil, water and food.
- Iodine deficiency impairs the development of children, and is the single largest cause of mental retardation.
- Many countries in the region have already successfully tackled the problem of iodine deficiency through fortifying all edible salt with iodine, and this has proven to be the most practical and low- cost approach to eliminate the IDD.
- In the few countries in the region where salt iodization has been introduced but not sustained, an increase in IDD has been recorded.

**Therefore declare:**

1. That all people in the region have a right to receive adequate amounts of iodine and that our Governments have an obligation to ensure compliance with this human right.
2. That the most efficient way of ensuring adequate levels of intake is to iodize all salt consumed by people and animals, including salt used in the manufacture of processed foods.
3. That, by continuing to work with all salt producers, distributors, exporters, importers, and consumers, our Governments will establish legal, technical, and administrative provisions, as well as other measures needed to ensure that all salt for consumption is adequately iodized. Our Governments will also implement adequate information strategies for awareness-raising and participation in using iodized salt through relevant ministries (health, education, economy) and other public and private institutions involved in this problem, such as municipalities, research centers, community organizations, nongovernmental organizations, social welfare entities and external cooperation agencies.
4. That the iodization of all salt for human and animal consumption should be maintained and that the countries of the region will develop and support mechanisms to ensure its sustainability and compliance with the goal of universal iodization of salt by 1995 in order to guarantee that new cases of iodine deficiency disorders will not appear and that they will be virtually eliminated in the Americas.
5. That all edible salt traded between countries in our region should be adequately iodized.