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Distribution: General

Elimination of Iodine Deficiency Disorders (IDD) in Central and Eastern Europe, the Commonwealth of Independent States, and the Baltic States

Proceedings of a Conference held in Munich, Germany, 3–6 September 1997

World Health Organization

United Nations Children's Fund

ICCIDD
International Council for the Control of Iodine Deficiency Disorders

Social Mobilization for IDD Virtual Elimination

The proof of the pudding is in the eating

JC Ling

Tulane University School of Public Health and Tropical Medicine
Chair, Communication/Education Committee
of the International Council for Control
of Iodine Deficiency Disorders

Although visible goitre as a disease with a swollen neck has been around for a very long time, IDD's devastating mental and physical impact on fetuses and children has only been fully recognised in recent decades. The establishment of ICCIDD in 1986 was a milestone, the first manifestation of a global, concerted effort to fight this scourge on the basis of the newly confirmed knowledge—brain damage and its consequent serious economic and social impact on society. Within five years, the medical scientists and development specialists were able to persuade world leaders to decide on eliminating IDD by the year 2000. This is a remarkable quick breakthrough in the annals of public health advocacy.

The world community has also agreed on the main instrument to fight IDD: iodized salt. This is a real feat. Reaching a consensus among scientists is never an easy task. Forging a joint plan of action among development agencies is always difficult. And getting the two groups to adopt a common course of action that can meet the test of scientific integrity as well as managerial realities is nothing short of a miracle.

Indeed, much progress has been made since 1990. Salt iodization is on target in a majority of the affected countries. These countries will no doubt redouble their efforts in the war against IDD. The global effort to conquer this scourge is entering the defining phase of getting people to consume, not just to have access to, iodized salt on a regular basis—not for any given period but for all time and for all generations to come. Let us not confuse access with consumption, and assume access as consumption.

The earth's soil has continued to lose iodine due to rains, floods, erosions, and over-cultivation, and there is no evidence that this trend can be reversed. Virtual elimination of IDD can only be achieved and sustained, when using iodized salt becomes a universal behavioural norm. Such a norm implies the universal knowledge of the ill effects of IDD and of the need to consume minute amounts of iodine regularly. In other words, facts about IDD, especially the brain damage aspects, must become common knowledge for all

Brain damage aspects

Yet, if we should step outside and ask the men and women in the street, chances are that few if any would associate IDD with mental retardation of children. If they knew anything, they would probably identify IDD with visible goitre, a not life threatening disease that comes with an unsightly enlarged neck. Even among medical and public health professionals, the brain damage issue is not generally known. There is a long way before IDD facts become common knowledge.

Launching an IDD programme is complex. First, we need a strong political will with clear policy; then, a commitment of human and financial resources. Appropriate scientific/ technical direction is of course critical. The involvement of the salt industry which provide the necessary instrument to fight this battle is axiomatic. It is also essential to monitor progress through surveillance, screening and laboratory work and to assure the quality of the iodized salt product through manufacture, transportation, and storage. BUT, if no consideration is given to informing and educating the people about IDD and facilitating the purchase, proper use and consumption of iodized salt, we would have dropped out the last 10 metres in the 100 metre run. The saying, the proof of the pudding is in the eating, literally applies here.

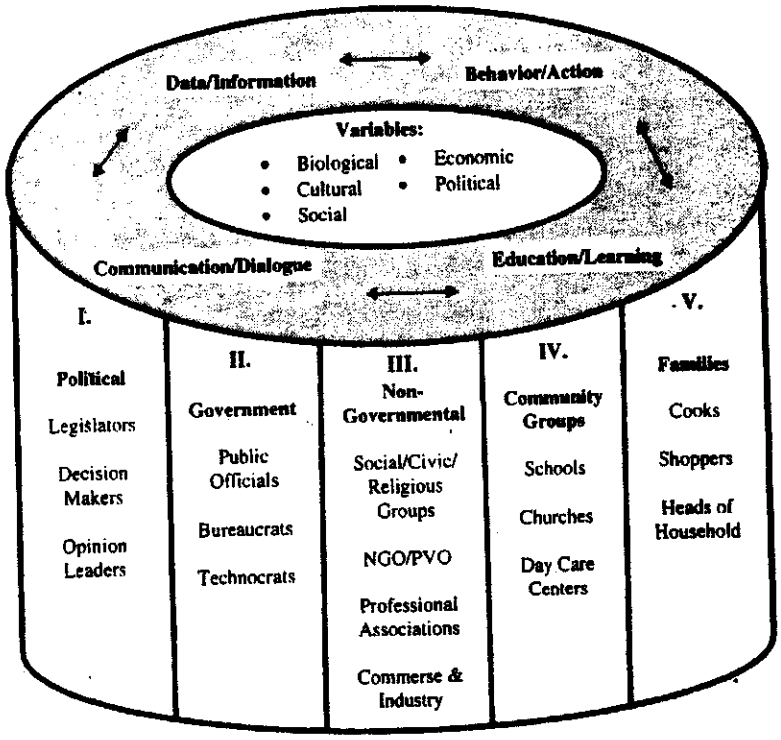
Indeed, the fight against IDD involves so many segments of society that attacking this public health problem without a broad alliance of stakeholders is doomed to fail. Convincing people to use and consume iodized salt is not a matter of just passing a law banning non-iodized salt. Selling iodized salt to eliminate IDD is not like marketing a soft drink; it is not about quenching temporary thirst, meeting the occasional need for a sweet tooth, or boosting the market share of a product. We aim at achieving a new behavioural norm. We need to examine the unspoken doubts, objections, the indifference of groups with their own agenda, which may undermine the universal adoption of the use of iodized salt. We need a broad-based strategy that mobilises all relevant elements of society for the common goal. UNICEF has for some years advocated the use of such a societal/social Mobilization (SOCMOB), which calls for a communication based approach in building partnerships through dialogue with the various stakeholders involved for a specific development objective. UNICEF has used it to increase immunisation rates and extend the use of oral re-hydration therapy, saving millions of lives of children.

Let me use three graphs to explain the Social Mobilization strategy.

Social mobilization continuum—illustrative societal framework (Figure 1)

This figure demonstrates where partners/stakeholders can be identified in various societal segments. Each country has its specific societal structure and a somewhat different framework. For example, the civil societal segment in one country may be so complex that it should be split into several segments, while in another the public sector is so dominant and complex that it also may need to be separated into several segments.

Figure 1: Social Mobilization Continuum
An illustration of Social Groups in Partnership



Communication Channels:

*** Interpersonal * Media * Traditional * Special Events ***

Ling/Apted. 1991

The circle at the top of Figure I denotes the communication process, in a very simplified form. It begins with data presented as understandable messages/information, communicated through a dialogue with audiences, leading to education/learning and knowledge, which is the basis for behavioural action. When behavioural change has taken place among a significant number of people, it would have an effect on the original data. The multi-step communication process is subject to a number of variables—biological, social economic and political—that influence behaviour, which are listed inside the circle.

The illustrative framework shows five segments: political that includes policy/decision makers; bureaucratic/technocratic; the nongovernmental/civil sector, including religious institutions, professional associations and commercial interests; community grassroots groups; and individuals/families in households. An initiative in development involving changes in attitude and behaviour could come from the people who have a "felt need" or from an inspired and caring leader who has learned about a specific problem of his/her people. Often, it comes from a few technocrats or academics who are prompted to action by new data or newly discovered technologies. It may be taken up by grassroots organisations which see the need at the field level. It may even be a result of commercial interests which recognise a need and wish to take action to fill the need for profit.

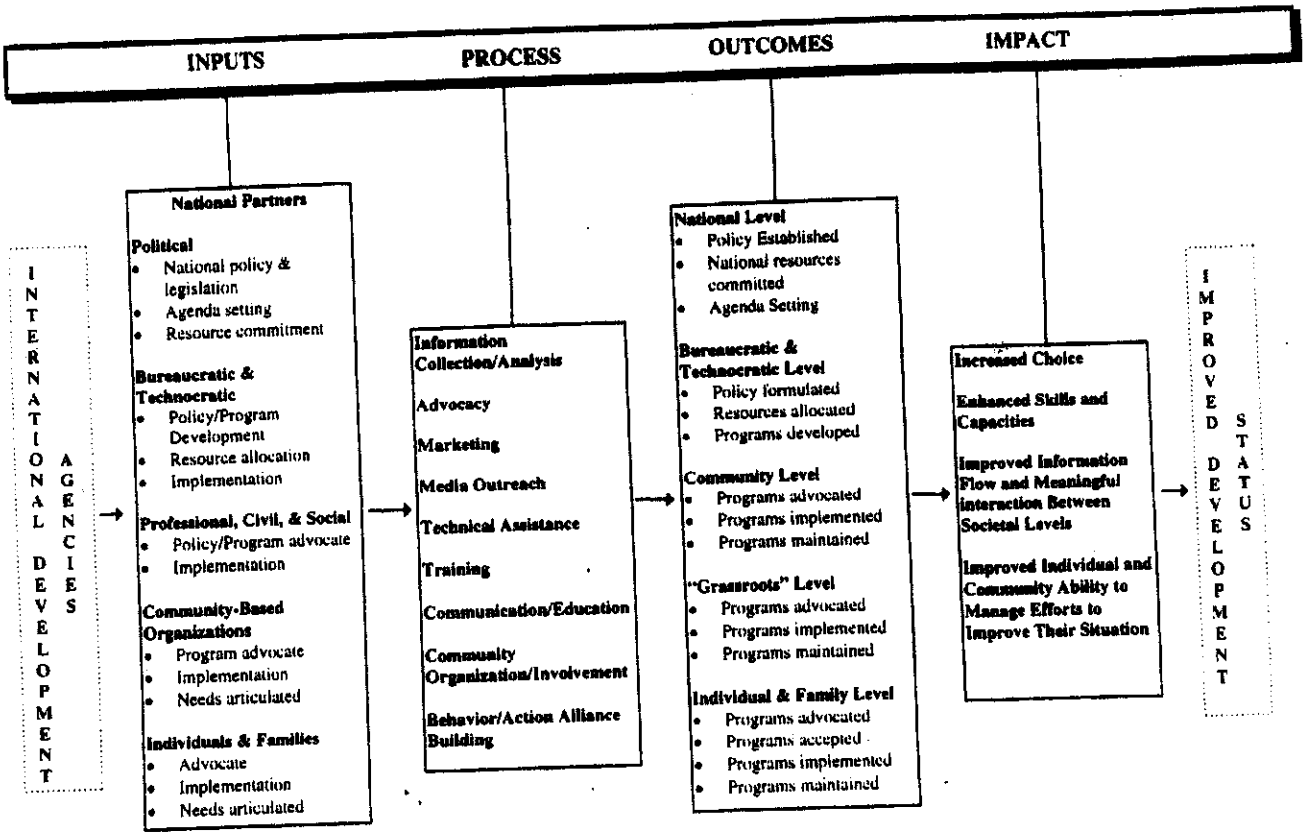
Social Mobilization calls for a continuum of interactive activities. The desired change in one segment often has implications in other segments. We need to take into account all relevant segments and identify partners that share ownership of the development objectives and develop specific activities to mobilise various partners for action—working through appropriate channels of communication.

Illustrative strategic elements in social mobilization (Figure 2)

This table attempts to show inputs at the national level through the process of Mobilization to the outcomes and impact. At extreme left, it shows the place of the international development agencies supporting the inputs of the national partners (the five segments of society in Figure 1) who carry out the programme. The inputs go through the process of Mobilization with an illustrated list of elements. Then the table shows the outcomes expected in the five societal segments as well as the impact from the outcomes with, hopefully, an improved development status at the extreme right.

The elements in the second panel are strictly illustrative, not exhaustive. Some of the terminologies may not be universally acceptable, but they show the kind of activities called for in the SOCMOB strategy.

Figure 2: Strategic Elements for Social Mobilization



Social mobilization: audience segmentation framework (Figure 3)

This grid is a tool and checklist for planning and programme implementation based on the SOCMOB strategy. It shows the five illustrative segments of society, with the objectives to be spelled out and the partners/stakeholders to be identified. The activities should be designed to foster partnership and mobilise partners in order to reach the objectives.

Figure 3: Social Mobilization Framework Grid

I. Policy/Political	II. Bureaucratic/ Technocratic	III. Non-Governmental: Social, religious, professional and civic groups; commerce and industry	IV. Communities: Local organizations, churches, various grassroots groups	V. Households/ Individuals
Objective:	Objective:	Objective:	Objective:	Objective:
Partners:	Partners:	Partners:	Partners:	Partners:
Activities:	Activities:	Activities:	Activities:	Activities:

Building and sustaining political commitment is a continuing obligation. It is not enough that governments signed the Child Summit Declaration, or that the Prime Ministers or heads of governments said that IDD should be eliminated. Political agendas change and other priorities emerge. It is necessary to remind the leaders of their commitment. Reporting publicly on the progress or the lack of it in the IDD elimination effort, through the media, through interpersonal channels, or meetings and events, would help to sustain interest on the IDD goal. UNICEF's Progress of Nations provides useful data for this purpose.

IDD Day offers a convenient opportunity to go public on the status of IDD work, and if the media are mobilised and special events involving news generating personalities are organised, political leaders will take note. Participatory activities such as children's drawing or essay competition on IDD themes will also help inform the public, educate those at risk, and keep the focus on what still remains to be done. Data on the economic impact of IDD and the cost benefit aspects of IDD work in productivity at the national, provincial or even community levels will help prompt action by those responsible for the economic and social well being of their charge.

The salt chain

Working with salt industry is a sine qua non because the salt people provide the principal tool without which the battle against IDD cannot be won. The salt industry also offers an extensive chain—from manufacturing/packaging through wholesale to retailing of iodized salt to millions. This chain can be an instant network of contacts with people who buy and use salt—opportunities for educating key audiences, the housewives and cooks, on the proper storage and use of iodized salt. In a way, salt retailing represents the most direct route of channelling information to the food preparers. It is arguably one of the quickest way of reaching the expectant mothers, who for the lack of iodine in their bodies could deliver cretins or mentally deficient babies in less than nine months.

By the same token, along the salt chain erroneous information can be disseminated. One salt plant manager in a Southeast Asian country innocently declared at a banquet that his salt would increase the I.Q. of children. This comment could be taken by some conscientious parents as advice to add extra doses of iodized salt to make their off springs smarter.

The health sector

Although IDD is a public health issue, it does not mean the health sector as a whole is in tune with the objectives of eliminating IDD. The health sector is complex, a maze of departments and sub sections. The brain damage aspects of IDD have probably not penetrated very much beyond the walls of endocrinology. Some cardiologists may be concerned with salt intake and some paediatricians are not sold on iodized salt. Credible

sources must not send out conflicting messages that undercut and confuse the public about the necessity of iodine for the normal physical and mental growth of children.

Health educators must also work the communities to get the same IDD messages to the homes and promote the universal norm of using iodized salt. Text books and other material in medical and public health schools on goitre must be amended to take into account the brain damage aspects of IDD.

Many countries have enacted legislation concerning iodized salt, but a word of warning is in order. Some types of legislative action should not be taken without consideration of the supply of iodized salt or appropriate education effort. One district officer in a South Asian country was so enthused with the benefits of iodized salt that he unilaterally banned non iodized salt before an adequate supply of iodized salt was made available. With neither iodized nor non-iodized salt available in the market, the ensuing public panic created a perverted black market for all salts. Lack of appropriate public education before iodized salt is put on the market can cause problems too. In another Asian country, people confused iodized salt with birth control pills, perhaps mistaking IDD with IUD !

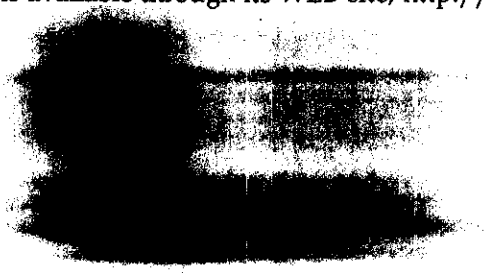
Sustaining elimination

It is important to recognise that unlike some other diseases IDD would return once the minute amounts of this nutrient is not ingested regularly. Maintaining the practice of using iodized salt is critical for sustaining the elimination and it requires periodic monitoring and constant reminders for the public, especially the vulnerable groups, of the use of iodized salt. Since this involves oncoming generations, such a health habit should begin among children. The education sector is a natural partner in efforts to establish and nurture such a habit. School health curriculum on IDD is one of the most effective and powerful instruments for the maintenance of IDD elimination.

Like all public health measures, efforts to eliminate IDD have their share of problems and need to be viewed in the context of overwhelming benefits against isolated risks. It would be a mistake to suppress adverse information on such issues as the IIH, Iodine Induced Hyperthyroidism, which has resulted a few deaths among middle aged goitre patients. To ignore the risk would be unethical, yet IIH must be viewed in the context of public health and should be recognised as a clinical issue involving a few individuals, while IDD elimination aims at helping the population at large.

Communication guide

ICCIDD's communication focal point at Tulane University School of Public Health and Tropical Medicine has developed a communication guide for IDD's virtual elimination, which is available through its WEB site, http://www.tulane.edu/~icec/iddcomm.htm, later



this month. The guide in English, which describes the SOCMOB strategy in some details and cites examples of IDD work to illustrate the use of the strategy; will hopefully be published. The hard copies are needed for IDD programme officers and managers in places where there is no access to INTERNET. A French and possibly a Russian version of the guide will also hopefully be made available later.

Conclusion

An IDD elimination programme comprises many parts, all of which are necessary. But as we move past the efforts of making available iodized salt, it is time overdue to address the information, education and communication issues that will help the people at risk of IDD to make informed choices. If the people realise the importance of iodized salt for their children, they will look for and demand iodized salt.

Our aim is not for one time use, or a year's use, but for all time, and for all generations to come. We aim at nothing less than a universal practice of using iodized salt for life. Social Mobilization, the communication-based development strategy, is tailored made for this goal.

Finally, let us remember also, that the Munich meeting took place in September 1997. Year 2000 was but two years and four months away.