Ethiopia: breaking through with a new iodized salt law

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Background
As far back as 1988, Ethiopia was one of the first countries in Sub-Saharan Africa that was close to achieving USI, having achieved almost 80% iodized salt coverage, when most iodized salt came from Eritrea. The 1998–2000 war between Ethiopia and Eritrean interrupted Ethiopia’s iodized salt supply. As a result, Ethiopia started importing salt from neighboring countries, particularly Djibouti.

As a result of the interruption of the supply of iodized from Eritria, there was a rapid deterioration in the iodine status of the population. For example, the National Micronutrient Survey conducted in 2005 showed alarmingly high total goiter rates of 40% and 35.8% among school-age children and their mothers, respectively. The median urinary iodine concentration (UIC) was only 24.5 µg/l among school-age children indicating moderate to severe iodine deficiency. In 2011, it was estimated that some 66 million persons in Ethiopia were “unprotected from iodine deficiency” as only 15% of households had access to adequately iodized salt. Ethiopia had the lowest coverage of adequately iodized salt amongst countries in Sub-Saharan Africa during this period.

Progress was very slow due to factors including: lack of commitment by salt producers to iodize, the harsh weather in Afdera, low productivity of the iodization machines, lack of infrastructure (water, electricity), lack of skilled human resources and lack of a clear strategy to enforce the salt legislation. But the Council of Ministers passed new salt legislation in February 2011. In January 2012, the government started enforcing the legislation and the rate of salt iodization progressively increased, from a low of 10% to over 90%, but the quality of salt iodization still remained a challenge.

Rapid recent progress
Over the past 3 years, the Government of Ethiopia, with support from partners including UNICEF, ICCIDD, GAIN and MI has made remarkable strides in ensuring that the majority of salt produced in the country for edible consumption from Afar (Afdra and Dobi) and Somali (GodUsbo) is iodized. This progress was made possible because of the leadership of the Federal Ministry of Health.
1. Governance and National Coordination
– The government, as part of its strong commitment, established a National Coordinating Committee (NCC) for USI including all relevant ministries. The USI NCC organized a USI Technical Steering Committee (TSC). The TSC was instrumental in pushing key initiatives including drafting of a joint USI national plan, drafting of the salt legislation, resource mobilization (salt iodization machines, vehicles, KIO3 supply and communication/advocacy). The TSC was also instrumental in setting up a KIO3 cost recovery scheme.

2. Sustainable supply of KIO3 – UNICEF, GAIN and MI supported the procurement of 28 MT of KIO3 as seed stock for one year. This created an opportunity to put in place a cost-recovery mechanism for sustainable supply of KIO3. This scheme is currently working well, and the FMoH has currently submitted an order for the procurement of 14 MT of new KIO3, using money collected from salt producers.

3. Communications and Advocacy – UNICEF conducted a KAP (knowledge, attitudes and practices) study in August 2012 to inform behaviour change and communication strategies. TSC partners are also supporting celebration of National IDD Prevention day every October/November.

4. Evidence based planning – UNICEF, GAIN and MI have provided financial and technical support to EHNRI for a National Micronutrient Survey to monitor progress in iodization. Partners have also supported a data capture scheme at site of production to monitor progress.

PERSONAL STORIES:
Monitoring salt iodine in Addis Ababa
We met Hiwot Kidane and Abrehet GSelase in the Kirkos sub-city of Addis Ababa conducting their daily community visits. Hiwot and Abrehet are two of over 2,500 urban and 35,000 rural Health Extension Workers (HEWs) recruited to serve their communities. HEWs provide 16 packages of health and nutrition services to their communities. Mehret explains: “As a result of the public awareness on Iodine Deficiency Diseases, demand for iodized salt has increased”. Abrehet added that, having grown up and still living in the same community, she is close to and accepted by the local community, allowing her to reach each family at least once in a month to give her services including monitoring salt.

We followed Hiwot and Abrehet in their daily tour of their community and had the opportunity to see them testing salt from small shops and homes. With every test that turned positive their excitement increased and they were satisfied only when all the salt they tested turned positive for iodine.

Challenges
While there has been good progress, to assure sustainable USI in Ethiopia it is important to further strengthen the national program by addressing challenges, including:
• It is crucial that salt producers accept ownership of iodization program.
• The harsh climate calls for a resilient machines, strong support structure and availability of electricity and water to iodize salt effectively.
• Strong enforcement of legislation and monitoring and evaluation at all levels are needed to ensure sustainable program success.
• Simply iodizing raw salt as is done now will not meet the minimum quality requirement of the Ethiopian iodized salt standard.

The way forward
• In the interim it is important to encourage the maintenance and use of existing machines that have been abandoned in favor of knapsack sprays. It is also important to utilize the idle capacity of the Afar salt factory.
• In the long run the government understands that a Central Iodization Facility (CIF) is a more reliable approach to overcome the current challenges with salt iodization and improving quality and packaging of iodized salt.